MAXIMUS Federal Services

Case Number:	CM15-0198864		
Date Assigned:	10/14/2015	Date of Injury:	06/28/2013
Decision Date:	11/20/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	10/09/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Florida
Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 40 year old female, who sustained an industrial injury on June 28, 2013. The injured worker was diagnosed as having cervical degenerative disc disease, lumbar degenerative disc disease, cervical radiculopathy, left shoulder rotator cuff tear, left shoulder rotator cuff tendinitis, and right knee pain. Treatment and diagnostic studies to date has included physical therapy, psychotherapy, magnetic resonance imaging of the left shoulder, magnetic resonance imaging of the lumbar spine, and magnetic resonance imaging of the cervical spine. In a progress note dated August 21, 2015 the treating physician reports complaints of persistent, deep, aching pain to the low back with an increase in pain to the right hip and lower extremity. Examination performed on August 21, 2015 was revealing for tenderness and spasm to the lumbar paraspinal muscles, stiffness with range of motion to the lumbar spine, and tenderness to the bilateral facetal joints. On August 21, 2015 the treating physician noted magnetic resonance imaging of the lumbar spine performed on February 29, 2014 that was revealing for multi-level degenerative disc disease of the lumbar spine with early foraminal stenosis at lumbar five to sacral one, left foraminal stenosis at lumbar five to sacral one with a cystic lesion in the neural formal region. On August 21, 2105 the treating physician requested lumbar upright plain x-rays with flexion and extension view due to persistent low back pain along with noting that the injured worker's "current lumbar magnetic resonance imaging was not sufficient to complete the evaluation". On September 11, 2015 the Utilization Review determined the request for lumbar upright plain x-rays with flexion and extension view to be non-approved.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Lumbar upright plain x-rays with flexion and extension view: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Radiography (x-rays).

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

Decision rationale: California MTUS guidelines state regarding special imaging studies in low back pain patients, "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminate imaging will result in false-positive findings." Regarding this case, lumbar spine x-rays are being requested, however there are no compelling physical exam findings presented in the medical records provided indicating the need for repeat imaging at this time. This request is not medically necessary.