

Case Number:	CM15-0199441		
Date Assigned:	10/14/2015	Date of Injury:	10/13/2014
Decision Date:	12/01/2015	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: Texas, California

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:

This is a 45 year old female patient, who sustained an industrial-work injury on 10-13-14. She sustained the injury due to fall from a step ladder. She reported initial complaints of pain to right wrist and right thumb. The diagnoses include neck sprain, lumbar sprain, and trigger finger. Per the doctor's note dated 8/10/15, she had complains of pain locking right thumb and pain to neck and low back. The physical examination revealed tender volar right thumb and tender paracervical lumbar region. The medications list includes tramadol and flexeril. She has had MRIs of lumbar and thoracic spine (as per the UR dated 9/11/2015); MRI right wrist dated 2/18/15; cervical spine X-ray dated 6/19/15, right wrist and hand X-ray dated 6/19/15, thoracic spine X-ray dated 6/19/15 and lumbar spine X-rays dated 6/19/2015 which revealed moderate discogenic spondylosis T12-L1 through L5-S1, severe degenerative facet joint arthrosis L3-S1, a grade 1 degenerative anterolisthesis of L5 on S1. Treatment to date has included medication, 8 acupuncture sessions to right wrist and 8 to lumbar region, 6 physical therapy sessions to lumbar and thoracic regions, diagnostics, 6 occupational therapy to the right hand, 6 chiropractic sessions for cervical-lumbar-thoracic regions, and spine surgeon consultation. The Request for Authorization requested service to include X-ray lumbar spine. The Utilization Review on 9-11- 15 denied the request for X-ray lumbar spine, per CA MTUS (California Medical Treatment Utilization Schedule) Guidelines; Low Back Complaints 2004.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-ray lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & chronic).

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

Decision rationale: X-ray lumbar spine. Per the ACOEM guidelines, regarding lumbar X-ray "Lumbar spine x rays should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least six weeks." A detailed recent clinical evaluation of the lumbar spine is not specified in the records provided. Evidence of red flags or serious spinal pathology is not specified in the records provided. Plan for surgery/ invasive procedure is not specified in the records provided. In addition, the patient had lumbar spine X-rays dated 6/19/2015 which revealed moderate discogenic spondylosis T12-L1 through L5-S1, severe degenerative facet joint arthrosis L3-S1, a grade 1 degenerative anterolisthesis of L5 on S1. A significant change in the patient's condition since the last lumbar spine X-ray that would require a repeat lumbar spine X-ray is not specified in the records provided. The medical necessity of the X-ray lumbar spine is not fully established for this patient.