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| Case Number: | CM15-0203057 | | |
| Date Assigned: | 10/19/2015 | Date of Injury: | 07/27/2015 |
| Decision Date: | 12/04/2015 | UR Denial Date: | 09/22/2015 |
| Priority: | Standard | Application Received: | 10/15/2015 |

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: California, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 34 year old male, who sustained an industrial injury on 07-27-2015. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for cervical strain or sprain with pain, cervical radiculopathy, lumbar strain or sprain with pain, lumbar radiculopathy, bilateral carpal tunnel syndrome, bilateral wrists strain or sprain, bilateral knee strain, insomnia, anxiety and depression. Medical records (08-28-2015) indicate ongoing neck pain into the shoulders, bilateral hand and wrist numbness and tingling, stress, and depression. Pain levels were rated 3-7 out of 10 in severity on a visual analog scale (VAS). Records also indicate no changes in activity levels or level of functioning. Per the treating physician's progress report (PR), the IW can return to normal work duties. The physical exam, dated 08-28-2015, revealed tenderness to palpation over the lumbar paraspinal muscles, positive straight leg raises bilaterally, positive Kemp's test, and restricted range of motion in the lumbar spine. Relevant treatments have included medications. The request for authorization (09-16-2015) shows that the following service was requested: x-ray of the lumbar spine. The original utilization review (09-22-2015) non-certified the request for x-ray of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-ray of lumbar spine: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low back chapter, Radiography.

Decision rationale: The records indicate the patient has complaints of neck and low back pain, bilateral wrist pain and bilateral knee pain of a cumulative nature. The current request is for x-ray of the lumbar spine. The available records offer no rationale for the request. The ODG does not recommend routine x-rays in the absence of red flags. Indications include serious bodily injury, trauma with neurological deficit, trauma, steroids, osteoporosis, age >70 or myelopathy. In this case, the patient has no history of acute trauma but rather a history of cumulative trauma and there are no red flags documented on examination. The patient is only 34 years old and has no history of neurological deficit, steroid use, osteoporosis or myelopathy. The current request is not consistent with ODG guidelines and, therefore, is not medically necessary.