

Case Number:	CM15-0207166		
Date Assigned:	10/23/2015	Date of Injury:	04/03/2000
Decision Date:	12/09/2015	UR Denial Date:	10/20/2015
Priority:	Standard	Application Received:	10/21/2015

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: New Jersey

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 64 year old female, who sustained an industrial injury on 4-3-00. The injured worker has complaints of back and leg pain. The documentation on 10-23-15 noted that the injured worker has a lot of pain in the buttock area exactly on the right side. The injured worker has pain with turning in bed, pain with transition from sitting to standing, pain with activities such as walking. The injured worker has a lumbar fusion. The injured worker reports pain level is a 4. The injured worker describes that the leg pain as cramping and numbness in the left, but the main and worst of the pain is at the S1 (sacroiliac) joint area on the right. The injured worker has a severe degree of tenderness present with palpation over the right sacroiliac joint. The sacroiliac joint test are positive times 5 on the right. The injured worker has decreased strength in the left leg, extensor hallucis, tibialis anterior 4 out of 5 and sensory is decreased L5 of left. The diagnoses have included sacroiliac joint dysfunction, right fusion at L2 to the sacrum. Treatment to date has included home exercise program; naprosyn; soma; diazepam; promethazine; advil; oxycodone; lunesta; fluoxetine and ability. The original utilization review (10-20-15) non-certified the request for x-ray cervical, thoracic, lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

x-ray cervical, thoracic, lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back Chapter - Radiography (x-ray).

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

Decision rationale: The MTUS ACOEM Guidelines state that for most patients presenting with true neck or upper back problems, special studies are not needed unless a 3-4 week period of conservative care and observation fails to improve symptoms. Cervical radiographs are most appropriate for patients with acute trauma associated with midline vertebral tenderness, head injury, drug or alcohol intoxication, or neurologic compromise. The MTUS ACOEM Guidelines also state that 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. However, it may be appropriate when the physician believes it would aid in patient management. In the case of this worker these spinal x-rays were recommended by her provider "to see the progress of her condition." However, x-rays should not be performed routinely as was recommended to her. The worker reported pain levels going up and down periodically, but overall being functional. There was no report of worsening, new symptoms, or specifically no bony tenderness or instability which might have warranted x-rays at the time of this request. Therefore, the x-rays of the cervical, thoracic, and lumbar spine will be considered medically not necessary.