

Case Number:	CM15-0208372		
Date Assigned:	10/27/2015	Date of Injury:	06/04/2010
Decision Date:	12/09/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/22/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 54 year old male, who sustained an industrial injury on 6-4-10. The injured worker has complaints of severe low back and right lower extremity. The injured worker complains of pain in the lower back, right hip, right knee and right foot with radiation to the arms and legs. The pain is associated with tingling and weakness in the legs and feet. The pain is a 10 at its worst and a 6 at its best with medications on a scale of 0 to 10 with 0 being no pain and 10 being the worst. Examination of the lumbar spine reveals limited lumbar spine range of motion and right lower extremity reveals evidence of skin atrophy. There is evidence of muscle atrophy of the major muscle groups of the bilateral lower extremities and there is evidence of hyperalgesia and allodynia over the dorsum of the right foot, right malleolus and all the way from his right ankle to below his right knee. Right knee reveals range of motion is full and right ankle reveals range of motion is limited to approximately 50 percent of normal, with limitation being right ankle pain. Lumbar spine magnetic resonance imaging (MRI) revealed there is disc degeneration with loss of disc signal and disc height over L1-2, L2-3, L3-4, L4-5 and L5-S1 (sacroiliac). Right wrist magnetic resonance imaging (MRI) revealed mild to moderate wrist synovitis particularly at the dorsal aspect, tear of the triangular fibrocartilage. The diagnoses have included displacement of lumbar intervertebral disc without myelopathy. Treatment to date has included OxyContin; Lyrica; Ambien; Docusate and Flexeril. The original utilization review (10-2-15) non-certified the request for X-ray of lumbar 36x14 standing full 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 36x14 standing full spine: Overturned

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 ACR-ASSR-SPR-SSR Practice Parameter for the Performance of Spine Radiography, Amended 2014.

Decision rationale: The claimant sustained a work injury to the low back in June 2010 due to repetitive lifting of heavy items. He was seen for an initial evaluation by the requesting provider in September 2015. He was having severe mechanical axial thoracic and lumbar spine pain and was having severe lower extremity radiculopathy. He was also having radiating pain into the arms. Physical examination findings included ambulating slowly with a cane and a wide based gait with a limp. Transitioning positions was slow and painful. There was decreased trunk range of motion and decreased strength. An MRI was reviewed showing findings of L2-3 levoscoliosis of at least 30 to 35 degrees. Standing x-rays for evaluation of scoliosis were requested. For the evaluation of scoliosis, erect PA (or AP) views of the entire thoracolumbar spine should be obtained. A lateral view may also be obtained. Both views should be obtained in normal / functional (non-corrected posture position). Bending views may also be obtained in some circumstances. In this case, the claimant has not had this study before. It is considered medically necessary.