

Case Number:	CM15-0211779		
Date Assigned:	10/30/2015	Date of Injury:	06/25/2008
Decision Date:	12/18/2015	UR Denial Date:	10/14/2015
Priority:	Standard	Application Received:	10/28/2015

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

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 62 year old male, who sustained an industrial injury on 06-25-2008. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for a left knee injury. Medical records (09-14-2015) indicate ongoing left knee symptoms particularly that the knee tends to hyperextend when standing. Records also indicate that the IW denied any pain or swelling in the left knee, and that he was able to climb stairs and squat without difficulty. It was also noted that he could kneel, but that it was uncomfortable due to the pressure. The IW's work status was not specified. The physical exam, dated 09-14-2015, revealed neutral alignment of the lower extremities, left knee range of motion from 5-120 degrees, no tenderness or effusion, and no evidence of instability. Relevant treatments have included: left knee arthroplasty (2012), physical therapy (PT), work restrictions, and medications. The treating physician indicates that x-rays of the left knee (no date) demonstrated total knee deformities in expected position without evidence of loosening or misalignment. The utilization review letter states that the following test was requested: x-ray standing AP and lateral lumbar. The original utilization review (10-14-2015) non-certified the request for x-ray standing AP and lateral lumbar.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-ray standing AP/lateral lumbar: Overturned

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

MAXIMUS 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 Chapter under Radiography.

Decision rationale: The patient presents for annual follow-up regarding his left knee. The request is for x-ray standing AP/lateral lumbar. The request for authorization form is not provided. The patient is status post left total knee arthroplasty, five years ago. He denies any knee pain or swelling. He is able to climb stairs and squat without difficulty and is able to kneel although he finds it uncomfortable due to pressure. He complains the knee tends to hyperextend when standing. Physical examination reveals neutral alignment of lower extremities. The left knee has no effusion. ACOEM ch12, low back chapter, pages 303-305 and Special Studies section: "Special Studies and Diagnostic and Treatment Considerations 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." For special diagnostics, ACOEM Guidelines page 303 states "unequivocal objective findings that identify specific nerve compromise on the neurological examination is sufficient evidence to warrant imaging in patients who do not respond well to treatment and who would consider surgery as an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study." ODG-TWC, Low back Chapter under Radiography states: "Lumbar spine radiography 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 6 weeks." No progress reports from the requesting treater was provided. Per UR letter dated 10/14/15, reviewer notes, "According to the Office Visit dated 10/01/15, the patient complained of low back pain and bilateral leg pain, right greater than left. On examination, there was tenderness in the lower lumbar region but some also into the upper lumbar region. The patient was diagnosed with herniation of nucleus pulposus, lumbar spondylosis, and lumbosacral spondylosis with radiculopathy." In this case, the treater listed spondylosis as one of the diagnosis and review of provided medical records showed no evidence of a prior X-ray of the lumbar. The request is reasonable and consistent with the guidelines. Therefore, the request IS medically necessary.