

Case Number:	CM15-0216026		
Date Assigned:	11/05/2015	Date of Injury:	10/28/2009
Decision Date:	12/22/2015	UR Denial Date:	10/05/2015
Priority:	Standard	Application Received:	11/03/2015

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: Indiana, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 66 year old male who sustained an industrial injury on 10-28-09. A review of the medical records indicates he is undergoing treatment for brachial neuritis and radiculitis, lumbago, scoliosis, insomnia, depression, headaches, and anxiety. The records indicate he is also status post cervical surgery and has a diagnosis of cervical post-laminectomy syndrome (5-27-15). Medical records (5-26-15, 5-27-15, 6-17-15, 7-8-15, 7-29-15, 8-17-15, 8-31-15, and 9-14-15) indicate ongoing complaints of low back pain that radiates to the lower extremities, affecting the left side greater than the right. He also has complained of headaches, stress, anxiety, depression, as well as neck pain, buttock pain, and thigh pain. The physical exam (8-17-15) reveals full motor strength in the bilateral upper and lower extremities. The sensory exam is noted to be "intact" to light touch. Diagnostic studies have included urine drug screening, x-rays of the cervical and lumbar spine, an MRI of the lumbar spine and left shoulder, as well as an EMG-NCV of bilateral lower extremities. Treatment has included a lumbar facet rhizotomy of bilateral L3, L4, and L5, lumbar epidural steroid injections, physical therapy, a home exercise program, medications, an H-wave unit, Tai Chi, and a functional restoration program. The injured worker is not working. The treating provider (8-17-15) indicates the treatment plan to include a "scoliosis x-ray series to assess the patient's overall sagittal and coronal balance", as well as a repeat MRI of the lumbar spine. The utilization review (10-5-15) includes a request for authorization of x-rays of the thoracic spine (Scoliosis). The request was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-Ray of Thoracic Spine (Scoliosis): Upheld

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

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies, and Low Back Complaints 2004, Section(s): Diagnostic Criteria, Work-Relatedness, Initial Care, Physical Methods, Activity, Work, Follow-up Visits, Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Radiography (x-rays).

Decision rationale: ACOEM and ODG both agree 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." The medical notes provided did not document (physical exam, objective testing, or subjective complaints) any red flags for serious spinal pathology or other findings suggestive of the pathologies outlined in the ODG guidelines. ODG additionally states that "it may be appropriate when the physician believes it would aid in patient management". The treating physician also does not indicate how the x-ray would "aid in patient management". ODG further specifies other indications for imaging with Plain X-rays: Thoracic spine trauma: severe trauma, pain, no neurological deficit. Thoracic spine trauma: with neurological deficit, Lumbar spine trauma (a serious bodily injury): pain, tenderness, Lumbar spine trauma: trauma, neurological deficit, Lumbar spine trauma: seat belt (chance) fracture, Uncomplicated low back pain, trauma, steroids, osteoporosis, over 70, Uncomplicated low back pain, suspicion of cancer, infection Myelopathy (neurological deficit related to the spinal cord), traumatic Myelopathy, painful Myelopathy, sudden onset Myelopathy, infectious disease patient Myelopathy, oncology patient Post-surgery: evaluate status of fusion. The treating physician does not indicate any concerns for the above ODG pathologies. As such, the request for X-ray of the thoracic spine is not medically necessary.