

Case Number:	CM15-0218342		
Date Assigned:	11/10/2015	Date of Injury:	12/07/2012
Decision Date:	12/21/2015	UR Denial Date:	10/05/2015
Priority:	Standard	Application Received:	11/05/2015

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: Arizona, California

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 49 year old male with a date of injury on 12-07-2012. The injured worker is undergoing treatment for cervical muscle spasm, radiculopathy and sprain and strain, lumbar annular tear, lumbar disc protrusion, lumbar radiculopathy, lumbar sprain-strain and left knee sprain-strain and loss of sleep. The most recent physician progress note dated 09-08-2015 documents the injured worker complains of cervical neck pain that he rates as 7 out of 10. There is left knee pain that he rates as 8 out of 10 without medications and 7 out of 10 with medications. He has lower back pain that is dull and aching and rated at 8 out of 10 on the Visual Analog Scale without medications and 7 out of 10 with meds. Low back pain is associated with radiating pain, tingling and numbness to his left lower extremity. Lumbar range of motion is restricted and painful. There is tenderness to palpation on the bilateral tenderness to palpation of the bilateral S1 joints and lumbar paravertebral muscles. There is muscle spasm of the lumbar paravertebral muscles. With this visit he received trigger point injections to the paracervical muscles and a Toradol injection. Treatment to date has included diagnostic studies, medications, epidural injections, trigger point injections, and Toradol injections. Current medications include Prilosec, Cyclobenzaprine, Tramadol, Eszopiclone and Compound HMPC2 cream-Flurbiprofen 20%-Baclofen 10%-Dexamethasone Micro 0.2%-Hyaluronic Acid 0.2% in a cream base, and Compound HNPC1-Amitriptyline Hcl 10%-Gabapentin 10%-Bupivacaine Hcl 5%-Hyaluronic Acid 0.2% in a cream base. A Magnetic Resonance Imaging of the lumbar spine done on 01-06-2015 revealed 5.7mm disc herniation at L5-S1 with posterior annular tear and fissure. On 10-05-2015 Utilization Review non-certified the request for 4 view lumbar x-rays.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 view lumbar x-rays: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

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

Decision rationale: According to the guidelines, x-rays are indicated for acute fractures/injury or red flag diagnoses. In this case, the claimant has chronic back pain with a prior MRI that showed disc bulging. The request for the x-ray of the lumbar spine is not medically necessary.