

Case Number:	CM15-0043000		
Date Assigned:	03/13/2015	Date of Injury:	05/02/2011
Decision Date:	04/20/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	03/06/2015

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

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 was a 53 year old male, who sustained an industrial injury, May 2, 2011. The injured worker previously received the following treatments TENS (transcutaneous electrical nerve stimulator) unit, home traction, physical therapy, acupuncture, injections, EMG/NCV (electromyography/nerve conduction velocity studies), MRI of the cervical neck in October 2014, 1999 lowe5 back surgery, Tramadol, Nucynta, psychotherapy and MRI cervical spine. The injured worker was diagnosed with chronic progressive axial neck pain and radiculopathy, primarily at C5-C6 and C6-C7 central and foraminal stenosis, lower back pain with bilateral leg pain status post fall in October 2013 and History of lumbar disc surgery 1999 major depression. According to progress note of December 17, 2014, the injured workers chief complaint was reinjured the lower back pain, after a fall on October 29, 2013. The lower back pain radiates down both legs. The treatment plan included 3 view x-rays of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar X-ray, 3 view: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. 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 LUMBAR SPINE is not medically necessary.