

Case Number:	CM15-0049597		
Date Assigned:	03/23/2015	Date of Injury:	10/12/2007
Decision Date:	05/01/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	03/16/2015

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 55 year old female, who sustained an industrial injury on 10/12/2007. She has reported subsequent back pain and was diagnosed with lumbar radiculitis and degeneration of lumbar intervertebral disc. Treatment to date has included oral and topical pain medication, steroid injections and bracing. In a progress note dated 12/05/2014, the injured worker complained of chronic back and right leg pain. Objective findings of the lumbar spine were notable for tenderness to palpation in the right lower lumbar paraspinal area, decreased range of motion with pain and positive straight leg test. The physician noted that lumbar spinal x-rays were being ordered.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-ray Lumbosacral Spine Bending Views: 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
Page(s): 303-305.

Decision rationale: The patient presents on 12/05/14 with unrated lower back and right leg pain. The patient's date of injury is 10/12/07. Patient is status post unspecified steroid injections in 2013. The request is for X-RAY LUMBOSACRAL SPINE BENDING VIEWS. The RFA was not provided. Physical examination dated 12/05/14 reveals tenderness to palpation of the lumbar paraspinal muscles from L4 to S1 levels, tenderness to palpation of the sciatic notch areas, and positive supine straight leg raise on the right side. The patient is currently prescribed Lipitor, Vitamin D3 supplement, Glucophage, Carafate, Zolpidem, and Synthroid. Diagnostic imaging was not included. Patient is currently working full duties. MTUS/ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12 Low Back Complaints under Special Studies and Diagnostic and Treatment Considerations, pg 303-305 states 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. In this case, the progress reports do not document prior X-ray of the lumbar spine. The request is noted in progress report dated 12/05/14. However, the associated physical examination of the lumbar spine is unremarkable aside from tenderness to palpation. MTUS guidelines do not recommend radiography to patients with back pain in the absence of red flags, severe trauma pain or neurological deficit, which have not been mentioned. The request does not meet guideline indications. Therefore, the request IS NOT medically necessary.

X-ray Lumbar Spine AP and Lateral: 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 Page(s): 303-305.

Decision rationale: The patient presents on 12/05/14 with unrated lower back and right leg pain. The patient's date of injury is 10/12/07. Patient is status post unspecified steroid injections in 2013. The request is for X-RAY LUMBAR SPINE AP AND LATERAL. The RFA was not provided. Physical examination dated 12/05/14 reveals tenderness to palpation of the lumbar paraspinal muscles from L4 to S1 levels, tenderness to palpation of the sciatic notch areas, and positive supine straight leg raise on the right side. The patient is currently prescribed Lipitor, Vitamin D3 supplement, Glucophage, Carafate, Zolpidem, and Synthroid. Diagnostic imaging was not included. Patient is currently working full duties. MTUS/ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12 Low Back Complaints under Special Studies and Diagnostic and Treatment Considerations, pg 303-305 states "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." In this case, the progress reports do not document prior X-ray of the lumbar spine. The request is noted in progress report dated 12/05/14. However, the associated physical examination of the lumbar spine is unremarkable aside from tenderness to palpation. MTUS guidelines do not recommend radiography to patients with back pain in the absence of red flags, severe trauma pain or neurological deficit, which have not been mentioned. The request does not meet guideline indications. Therefore, the request IS NOT medically necessary.

