

Case Number:	CM15-0051451		
Date Assigned:	03/27/2015	Date of Injury:	04/01/2014
Decision Date:	05/01/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	03/19/2015

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: District of Columbia, Virginia
 Certification(s)/Specialty: Internal 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 46 year old female who sustained an industrial injury on 4/1/2014. Her diagnoses, and/or impressions, include lumbar spine degenerative disc disease; shoulder pain; spasm of muscle; and cervical pain. No recent magnetic resonance imaging studies are noted. Her treatments have included transcutaneous electrical stimulation unit therapy and medication management. The progress notes, of 2/17/2015, state that she reported for neck pain and lower backache, improved with medications, and that cause difficulty sleeping. The request treatments included outpatient lumbar x-rays and magnetic resonance imaging studies, without dye, to be done prior to recommended surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar x-rays 4 views: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
 Page(s): 295-297.

Decision rationale: Per ACOEM: If the patient does not have red flags for serious conditions, the clinician can then determine which common musculoskeletal disorder is present. The criteria presented in Table 12-4 follow the clinical thought process, from the mechanism of illness or injury to unique symptoms and signs of a particular disorder and, finally, to test results, if any tests are needed to guide treatment at this stage. The ICD-9 coding system assigns codes based upon pathophysiologic mechanisms. Specific ICD-9 codes are frequently required for reimbursement for medical services. However, for at least 90% of low back pain cases, the ICD-9 codes utilized are overly specific. The pathophysiologic correlates for lumbar sprain and strain, for example, have not been determined per review of the clinical documentation, the patient had no signs or symptoms of lower back injury. There is no clear reason as to why repeat lumbar imaging is indicated. There is no medical reasoning to have repeat lumbar imaging for this patient.

Lumbar MRI without dye: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 295-297.

Decision rationale: Per ACOEM: If the patient does not have red flags for serious conditions, the clinician can then determine which common musculoskeletal disorder is present. The criteria presented in Table 12-4 follow the clinical thought process, from the mechanism of illness or injury to unique symptoms and signs of a particular disorder and, finally, to test results, if any tests are needed to guide treatment at this stage. The ICD-9 coding system assigns codes based upon athophysiologic mechanisms. Specific ICD-9 codes are frequently required for reimbursement for medical services. However, for at least 90% of low back pain cases, the ICD-9 codes utilized are overly specific. The pathophysiologic correlates for lumbar sprain and strain, for example, have not been determined per review of the clinical documentation, the patient had no signs or symptoms of lower back injury. There is no clear reason as to why repeat lumbar imaging is indicated. There is no medical reasoning to have repeat lumbar imaging for this patient.