

Case Number:	CM15-0059497		
Date Assigned:	04/06/2015	Date of Injury:	01/30/2014
Decision Date:	07/08/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	03/30/2015

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 32-year-old male who sustained an industrial injury on 01/30/14. Initial complaints and diagnoses are not available. Treatments to date include medications, a back brace, physical therapy, a surgical boot for the right ankle, and right foot surgery. Diagnostic studies are not addressed. Current complaints include pain in the thoracic and lumbar spine, right knee, and right ankle and foot. Current diagnoses include repaired fracture of right foot, lumbar and thoracic disc displacement, tear of medial meniscus of the right knee, and right ankle sprain/strain. In a progress note dated 02/19/15 the treating provider reports the plan of care as orthopedic surgery consultation, x-rays of the thoracic and lumbar spine, and right leg performed on the date of service, and additional acupuncture. The requested treatments include includes x- rays of the lumbar and thoracic spines and the right ankle.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-ray of the thoracic spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Radiography.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Low Back chapter, Radiography.

Decision rationale: The patient presents on 02/19/15 with unrated moderate to severe thoracic spine pain, lumbar spine pain, right knee pain, and right ankle and foot pain. The patient's date of injury is 01/30/14. Patient is status post unspecified right foot surgery at a date not provided. The request is for X-RAY THORACIC SPINE. The RFA is dated 02/19/15. Physical examination dated 02/19/15 reveals tenderness to palpation and 3+ spasm in the thoracic paraspinal muscles from T1 to T9, tenderness to palpation and spasms of the lumbar paraspinal muscles from L1 to S1. The provider notes positive Kemp's test, straight leg raise, and Yeoman's test bilaterally and decreased bilateral patellar reflexes. Right knee examination reveals tenderness to the anterior joint line, prepatellar tendon, and popliteal fossa, with positive A-P/P-A drawer tests and McMurray's tests noted. Right ankle examination notes the patient is wearing a surgical boot, with tenderness to palpation and spasm noted on the lateral malleolus, medial malleolus, and anterior heel. Varus test was noted to be positive, as was A-P drawer test. The patient is currently prescribed a topical compounded cream, and Tramadol. Diagnostic imaging included thoracic spine X-ray dated 10/24/14, significant findings include: "No acute osseous or soft tissue abnormality. Mild mid and lower back thoracic levoscoliosis. " Patient is currently classified as temporarily totally disabled through 04/19/15. ODG Guidelines do not specifically address thoracic X-rays, Low Back chapter was therefore consulted and has the following under Radiography: "Not recommend routine x-rays in the absence of red flags. (See indications list below.) Lumbar spine radiography 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 6 weeks. However, some providers feel it may be appropriate when the physician believes it would aid in patient expectations and management. The theory is that this reassurance may lessen fear avoidance regarding return to normal activities and exercise, but this has not been proven. (Ash, 2008) Indiscriminant imaging may result in false positive findings that are not the source of painful symptoms and do not warrant surgery. Indications for imaging Plain X-rays: Thoracic spine trauma: severe trauma, pain, no neurological deficit Thoracic spine trauma: with neurological deficit. " In regard to the repeat X-ray of the thoracic spine, the patient does not meet guideline criteria. This patient had a thoracic X-ray on 10/24/14 with no significant findings. The provider is requesting a repeat X-ray given that this patient's thoracic spine pain has failed to resolve, though has not documented any significant recent trauma or neurological deficit. ODG does not support repeat X-rays in the absence of red flags even if the pain has persisted despite conservative measures owing to the risk of false positives which are not the source of the complaint. Without documentation of red flags or neurological deficit in a dermatomal distribution consistent with the thoracic spine, the request cannot be substantiated. The request IS NOT medically necessary.

X-ray of the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 303-305.

Decision rationale: The patient presents on 02/19/15 with unrated moderate to severe thoracic spine pain, lumbar spine pain, right knee pain, and right ankle and foot pain. The patient's date of injury is 01/30/14. Patient is status post unspecified right foot surgery at a date not provided. The request is for X-RAY LUMBAR SPINE. The RFA is dated 02/19/15. Physical examination dated 02/19/15 reveals tenderness to palpation and 3+ spasm in the thoracic paraspinal muscles from T1 to T9, tenderness to palpation and spasms of the lumbar paraspinal muscles from L1 to S1. The provider notes positive Kemp's test, straight leg raise, and Yeoman's test bilaterally and decreased bilateral patellar reflexes. Right knee examination reveals tenderness to the anterior joint line, prepatellar tendon, and popliteal fossa, with positive A-P/P-A drawer tests and McMurray's tests noted. Right ankle examination notes the patient is wearing a surgical boot, with tenderness to palpation and spasm noted on the lateral malleolus, medial malleolus, and anterior heel. Varus test was noted to be positive, as was A-P drawer test. The patient is currently prescribed a topical compounded cream, and Tramadol. Diagnostic imaging included lumbar spine X-ray dated 10/24/14, significant findings include: "No acute compression fracture. Mild disc degenerative changes of the L4-5 and L5-S1 levels. Partial visualized thoracolumbar levoscoliosis. Anomalous left-sided lumbosacral articulation. " Patient is currently classified as temporarily totally disabled through 04/19/15. 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 regard to the repeat X-ray of the lumbar spine, the patient does not meet guideline criteria. This patient had a lumbar X-ray on 10/24/14 with no significant findings. The provider is requesting a repeat X-ray given that this patient's lumbar spine pain has failed to resolve, though has not documented any significant recent trauma or significant neurological deficit such as decreased sensation along a specific dermatomal distribution. ODG does not support repeat X-rays in the absence of red flags even if the pain has persisted despite conservative measures - owing to the risk of false positives which are not the source of the complaint. Without documentation of red flags or neurological deficit in a dermatomal distribution consistent with the lumbar spine, the request cannot be substantiated. The request IS NOT medically necessary.

X-ray of the right ankle: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Ankle & Foot Chapter, Radiography.

Decision rationale: The patient presents on 02/19/15 with unrated moderate to severe thoracic spine pain, lumbar spine pain, right knee pain, and right ankle and foot pain. The patient's date of injury is 01/30/14. Patient is status post unspecified right foot surgery at a date not provided. The request is for X-RAY RIGHT ANKLE. The RFA is dated 02/19/15. Physical examination dated 02/19/15 reveals tenderness to palpation and 3+ spasm in the thoracic paraspinal muscles from T1 to T9, tenderness to palpation and spasms of the lumbar paraspinal muscles from L1 to S1. The provider notes positive Kemp's test, straight leg raise, and Yeoman's test bilaterally and decreased bilateral patellar reflexes. Right knee examination reveals tenderness to the anterior

joint line, prepatellar tendon, and popliteal fossa, with positive A-P/P-A drawer tests and McMurray's tests noted. Right ankle examination notes the patient is wearing a surgical boot, with tenderness to palpation and spasm noted on the lateral malleolus, medial malleolus, and anterior heel. Varus test was noted to be positive, as was A-P drawer test. The patient is currently prescribed a topical compounded cream, and Tramadol. Diagnostic imaging included right ankle X-ray dated 10/24/14, significant findings include: "No acute fracture or dislocation. Chronic fractures of the distal tibia and fibular diaphyses status post instrumented fixation. " Patient is currently classified as temporarily totally disabled through 04/19/15. ODG, Ankle & Foot Chapter, Radiography, Indications for imaging include: chronic foot pain suspected to have Reiter's disease with heel pain and swollen toes; burning pain and paresthesia along the plantar surface of the foot, suspected tarsal tunnel syndrome; pain and tenderness over head of second metatarsal, rule out Freiberg's disease; pain in the 3-4 web space with radiation to the toes, Morton's neuroma suspected. In regard to the repeat X-ray of the right ankle, the patient does not meet guideline criteria. This patient had an X-ray on 10/24/14 showing no acute fractures and post surgical changes. The provider is requesting a repeat X-ray given that this patient's ankle pain has failed to resolve, though has not documented any significant recent change in this patient's symptoms or significant neurological deficit in the ankle or foot. The provider does not state the suspicion of Reiter's disease, Freiberg's disease, or Morton's neuroma for which a repeat X-ray would be appropriate. This patient's presentation is essentially unchanged over the course of the progress notes provided, without documentation of red flags or a significant change in this patient's symptoms, the request for repeat imaging cannot be substantiated. The request IS NOT medically necessary.