

Case Number:	CM15-0060365		
Date Assigned:	04/07/2015	Date of Injury:	02/01/2011
Decision Date:	05/05/2015	UR Denial Date:	03/19/2015
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, Indiana, New York
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 was a year old female, who sustained an industrial injury, February 1, 2011. The injured worker previously received the following treatments epidural steroid injection, physical therapy, acupuncture 4 sessions and Norco. The injured worker was diagnosed with thoracic/lumbosacral neuritis/radiculopathy, spinal stenosis and displacement of intervertebral disc. According to progress note of March 9, 2015, the injured workers chief complaint was low back pain with radiating pain in the left calf, in the right leg at times. The injured worker described the pain as shocking feeling. The injured worker had trouble sitting for long periods of time. The injured worker rated the pain a 6 out of 10; 0 being no pain and 10 being the worse pain. The physical exam was negative of the lumbar spine and no pain or spasms with palpation. The treatment plan included a 4-view x-ray of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-ray four views (AP/Lateral/Flexion/extension) for the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Section, Radiographs.

Decision rationale: Pursuant to the Official Disability Guidelines, x-ray #4 view (AP/lateral/flexion/extension) lumbar spine is not medically necessary. Radiographs are not recommended in the absence of red flags. Lumbar spinal radiography should not be recommended in patients with low back pain in the absence of red flags were serious spinal pathology, even if pain is persistent for six weeks. Indications for imaging include, but are not limited to, lumbar spine trauma; uncomplicated low back pain, trauma, steroids; uncomplicated low back pain, suspicion of cancer, infection; post surgery, evaluation status of fusion; etc. In this case, the injured worker's working diagnoses are thoracic/lumbosacral neuritis unspecified; spinal stenosis lumbar with neurogenic claudication; and displaced intervertebral disc unspecified. The medical record contains six pages and one progress note. The progress note was dated April 14, 2015. Subjectively, the injured worker complains of low back pain radiating to left calf. The injured worker received an epidural steroid injection that lasted three months, physical therapy, acupuncture. The injured worker uses Norco for pain. The injured worker had radiographs of the lumbar spine one year ago. The documentation states if the patient is a surgical candidate then repeat lumbar spine x-rays may be indicated. There is no indication or documentation of anticipated surgery to the lumbar spine. Objectively, the low back examination is entirely normal. The neurologic examination of the lower extremities was unremarkable. Consequently, absent clinical documentation with a clinical indication or rationale for repeating lumbosacral spine x-rays with x-rays performed one year prior, x-ray #4 view (AP/lateral/flexion/extension) lumbar spine is not medically necessary.