

Case Number:	CM15-0080709		
Date Assigned:	05/01/2015	Date of Injury:	04/24/2001
Decision Date:	07/01/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	04/27/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

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 52 year old female who sustained an industrial injury on 04/24/2001. Current diagnoses include pain in joint lower leg, knee pain, elbow pain, and reflex sympathetic dystrophy upper limb. Previous treatments included medication management, left knee surgery, and spinal cord stimulator. Report dated 04/08/2015 noted that the injured worker presented with complaints that included continued left wrist pain and pain in lumbothoracic region at 7-10/10. Pain level was 7.5 out of 10 on the visual analog scale (VAS) with medications. Physical examination was positive for abnormal findings. Disputed treatments include x-ray of the lumbar spine, thoracic spine, cervical spine, and left flank. The patient's surgical history includes total knee arthroplasty. The patient has used a cane for this injury. The patient was certified for lumbar, thoracic and cervical spine and left flank X-Rays on 2/26/15. The patient has had X-rays which were normal. Any previous diagnostic imaging report was not specified in the records provided. The medication list include Diltiazem, Amitriptyline, Endocet, Colace, Lunesta, Amrix, Cymbalta, Levothyroxine and Lyrica. Per the doctor's note dated 5/6/15 patient had complaints of pain in low back and left knee. Physical examination revealed slow antalgic gait. Physical examination of the cervical spine revealed limited range of motion, tenderness on palpation and negative. Spurling's test. Physical examination of the thoracic spine revealed muscle spasm and tenderness on palpation. Physical examination of the lumbar spine revealed trigger point and radiation of pain. The patient has had decreased sensation and dreflexes. The patient has used a cane and walker. The patient sustained the injury due to slip and fall

incident. The patient's surgical history includes spinal cord stimulator on 3/31/2006 and knee surgery. Any diagnostic imaging report was not specified in the records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 X-ray of the Lumbar Spine: 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): 303-304.

Decision rationale: Request: X-ray of the Lumbar Spine. Per the ACOEM guidelines cited below, "Lumbar spine x rays may be appropriate when the physician believes it would aid in patient management." The patient was certified for lumbar, thoracic and cervical spine and left flank X-Rays on 2/26/15. The patient has had X-rays which were normal per the notes. The detailed radiology report of previous X-rays was not specified in the records provided. Rationale for repeating X-ray study was not specified in the records provided. Any significant change in physical examination that would require repeat study was not specified in the records provided. The medical necessity of the request for X-ray A/P lateral of the lumbar spine is not fully established for this patient. The request is not medically necessary.

1 X-ray of the Thoracic Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177 - 178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back (updated 05/12/15) Radiography (x-rays).

Decision rationale: X-ray of the Thoracic Spine. Per the ACOEM chapter 8 guidelines cited below for most patients presenting with true neck or upper back problems, special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red-flag conditions are ruled out. Criteria for ordering imaging studies are: Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure. The patient was certified for lumbar, thoracic and cervical spine and left flank X-Rays on 2/26/15. The patient has had X-rays which were normal per the notes. The detailed radiology report of previous X-rays was not specified in the records provided. Rationale for repeating the X-ray study was not specified in the records provided. Any significant change in physical examination that would require a repeat study was not specified in the records provided. The medical necessity of the

request for X-ray of the Thoracic Spine is not fully established for this patient. The request is not medically necessary.

1 X-rays of the Cervical Spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177 -178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back (updated 05/12/15) Radiography (x-rays).

Decision rationale: X-rays of the Cervical Spine. Per the ACOEM chapter 8 guidelines cited below for most patients presenting with true neck or upper back problems, special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red-flag conditions are ruled out. Criteria for ordering imaging studies are: Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure. The current diagnoses include lumbar facet pain, cervical radicular pain, cervical spondylosis. The patient was certified for lumbar, thoracic and cervical spine and left flank X-Rays on 2/26/15. The patient has had X-rays which were normal per the notes. The detailed radiology report of previous X-rays was not specified in the records provided. Rationale for repeating the X-ray was not specified in the records provided. Any significant change in physical examination that would require a repeat study was not specified in the records provided. The medical necessity of the request for 1 X-rays of the Cervical Spine is not fully established for this patient. The request for the 1 X-rays of the Cervical Spine is medically necessary and appropriate for this patient at this time. The request is no medically necessary.

1 X-ray of the Left Flank: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

Decision rationale: X-ray of the Left Flank per the ACOEM guidelines cited below, "Lumbar spine x rays may be appropriate when the physician believes it would aid in patient management." The patient was certified for lumbar, thoracic and cervical spine and left flank X-Rays on 2/26/15. The patient has had X-rays which were normal per the notes. The detailed radiology report of previous X-rays was not specified in the records provided. Rationale for repeating the X-ray study was not specified in the records provided. Any significant change in physical examination that would require a repeat study was not specified in the records provided. The medical necessity of the request for 1 X-ray of the Left Flank is not fully established for this patient. The request is not medically necessary.