

Case Number:	CM14-0122454		
Date Assigned:	08/06/2014	Date of Injury:	02/03/2012
Decision Date:	10/21/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	08/04/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 29-year-old female who reported an injury on 02/03/2012. The mechanism of injury was not submitted for review. The injured worker has diagnoses of musculoligamentous strain of the lumbosacral, left hip labral tear, left hip flexor tenosynovitis, left hip femoral nerve strain, and complaints of depression, anxiety, and difficulty sleeping. Past medical treatment consists of surgery, physical therapy, injections, and medication therapy. Medications include Vicodin, Norco, Motrin, and gabapentin. The injured worker has undergone MRI scans of the left knee in 03/2012, x-rays of the left knee in 03/2012, and an MRI of the left hip in 2013. On 02/04/2014, the injured worker complained of lumbar spine pain. Examination revealed that there was no loss of normal lumbar lordosis, nor was there any other abnormal curvature. Nerve root tension sign revealed right supine was 80 degrees, left supine was 80 degrees, right sitting was 80 degrees, and left sitting was 80 degrees. There was no tenderness to palpation. Piriformis and Faber tests were negative bilaterally. The medical treatment plan was for x-ray of the lumbosacral spine retrospectively. The rationale and Request for Authorization were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-ray of Lumbosacral Spine bending (retro): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: The request for X-ray of Lumbosacral Spine bending (retro) is not medically necessary. The MTUS/ACOEM guidelines state 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 6 weeks. However, it may be appropriate when the physician believes it would aid in a patient's management. The request for 1 x-ray of the lumbosacral spine does not meet the MTUS guideline criteria. The submitted documentation did not indicate any red flag condition documented or submitted in the report, and there was no rationale of how the results of an x-ray would be used to direct future care of the injured worker. Given the above, the injured worker is not within the guideline criteria. As such, the request is not medically necessary.