

Case Number:	CM14-0145513		
Date Assigned:	09/12/2014	Date of Injury:	10/04/1986
Decision Date:	11/24/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	09/08/2014

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 Pain Management 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 67-year old male with a date of injury on 10/4/1986. As per the 6/30/14 supplemental report, pain and arthralgia were affecting his neck, thoracic spine, lumbar spine, pelvis and shoulders. He had rotator cuff tears and his left knee and left wrist had severely comminuted fractures in the past. He also complained of loss of libido. An examination revealed bilateral rotator cuff tears with bilateral significant rotator cuff impingement syndrome, chronic and severe trauma to his left wrist and left knee, chronic and persistent numbness in the left lower extremity and at L5 more than the S1 distribution. He also had numbness in the feet. His current medications include Norco and Celebrex. Repeat radiographs were recommended including that of the lumbar spine. There was no documentation of any previous diagnostic studies. It was indicated that he will probably need a repeat magnetic resonance imaging scan of his neck and his lower back eventually if his symptoms do not improve. He wants to hold off on rotator cuff tear surgeries for now. His diagnoses include multiple traumas, bilateral L5 radiculopathies, left cervical radiculopathy, right rotator cuff tear, probable left rotator cuff tear with left shoulder impingement syndrome, degenerative joint disease at the left wrist, persistent numbness in the left lower extremity, and decreased libido. The request for an x-ray of the lumbar spine was denied on 8/12/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-ray of the Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES-TREATMENT FOR WORKERS' COMPENSATION-ONLINE EDITION-CHAPTER LOW BACK-LUMBAR & THORACIC- RADIOGRAPHY

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

Decision rationale: According to the American College of Occupational and Environmental guidelines, the lumbar x-rays should not be recommended in injured workers with low back pain in the absence of red flags for serious spinal pathology even if the pain has persisted for over 6 weeks. However, it may be appropriate when the physician believes it may aid in injured worker management. In this case, there are no red flag signs (i.e. unexplained non-mechanical back pain, cauda equina syndrome, progressive motor weakness, weight loss and fever, history of malignancy, etc.). There is no mention of a specific reason for this request. Furthermore, the x-ray is not the imaging study of choice for the evaluation of the nerve roots as in this case. Therefore, the X-ray of the Lumbar Spine is not medically necessary.