

Case Number:	CM14-0159143		
Date Assigned:	10/02/2014	Date of Injury:	12/17/2003
Decision Date:	10/29/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	09/29/2014

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, has a subspecialty in Pain Medicine 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:

This is an injured worker with a date of injury of 12/17/03. A utilization review determination dated 9/18/14 recommends non-certification of scoliosis x-rays (whole spine) AP and lateral. Full-length x-rays of the whole spine AP and lateral views were certified on 6/9/14. A referenced 8/27/14 medical report identified back and leg pain. X-rays were noted to have been done since the prior visit. There were also body aches, joint pain, and localized weakness. 3/24/14 medical report identifies constant pain in the back, neck, right leg, and left arm. There is a history of fusion in 2009 that had to be revised because he developed a paralysis in the right leg and has a resulting drop foot since then. He has a lumbar kyphosis and flat back deformity since the surgery. The provider notes that the question is whether the injured worker needs a lumbar osteotomy. The provider recommended full AP and lateral scoliosis films to determine his sagittal alignment to make a final determination whether he can have a one-level fusion versus a lumbar osteotomy to correct the issue.

IMR ISSUES, DECISIONS AND RATIONALES

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

Scoliosis x-rays (whole spine) AP & Lateral: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 177-178 303-304. Decision based on Non-MTUS Citation Neck & Upper Back Chapter, Radiography and Low Back Chapter, Radiography (X-rays)

Decision rationale: Regarding request for scoliosis x-rays (whole spine) AP & lateral, CA MTUS and ACOEM state that x-rays should not be recommended 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 patient management. Within the documentation available for review, the provider noted that the need for the x-rays was due to the presence of lumbar kyphosis and flat back deformity since the prior fusion and there is a need to determine the necessity of a one-level fusion versus a lumbar osteotomy to correct the issue. Subsequent records note that full-length x-rays of the whole spine AP and lateral views were certified, but there is no subsequent rationale identifying the medical necessity of another set of x-rays beyond the x-rays already certified. In the absence of clarity regarding those issues, the currently requested scoliosis x-rays (whole spine) AP & lateral is not medically necessary.