

Case Number:	CM14-0160554		
Date Assigned:	10/06/2014	Date of Injury:	10/18/2012
Decision Date:	11/06/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/30/2014

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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 50-year-old female who reported an injury on 10/18/2012. The mechanism of injury was not provided. The injured worker had diagnoses of cervical spine sprain/strain and lumbar spine herniated nucleus pulposus. Past medical treatment included aqua therapy, physical therapy, medications, and acupuncture. Diagnostic testing included an MRI of the lumbar spine on 12/28/2012 and Electrodiagnostic test of bilateral lower extremities on 06/12/2014. The injured worker complained of persistent pain in her low back, which was aggravated by bending, on exam date of 06/25/2014. The injured worker rated her pain at 6/10 to 8/10 on the pain scale without medication or therapy, and a 5/10 with medications. The injured worker's neck pain was most likely referred pain from the lumbar spine; however, there was no improvement in pain after treatment of her low back, per physician on 06/25/2014. The physical examination revealed of cervical spine had muscular spasm over the paraspinal musculature. The examination of the lumbar spine revealed tenderness to palpation over the midline. There was limited range of motion, particularly on flexion with increased pain, and straight leg raise test was positive at 30 degrees on the right and 35 degrees on the left. Medications included Anaprox, Prilosec, and Ultram. The treatment plan is for an x-ray of the lumbar spine. The rationale for the request was not submitted. The Request for Authorization form was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-ray lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287.

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

Decision rationale: The request for X-ray lumbar spine is not medically necessary. The injured worker complained of persistent pain in her low back, which was aggravated by bending, on exam date of 06/25/2014. The California ACOEM guidelines stated 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 six weeks. However, it may be appropriate when the physician believes it would aid in patient management. There is no documentation of rationale by the physician for the request. There is lack of documentation of injured worker diagnosed with a serious spinal pathology. Therefore the request for X-ray lumbar spine is not medically necessary.