

Case Number:	CM14-0165821		
Date Assigned:	10/10/2014	Date of Injury:	05/31/2012
Decision Date:	11/12/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	10/08/2014

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 Occupational 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:

Injured worker is a male with date of injury 5/31/2012. Per doctor's first report dated 9/5/2014 the injured worker reports that he is experiencing constant, moderate to severe headaches with pain described as sharp and pulsating. He complains of constant moderate to severe, sharp neck pain with numbness sensation in the neck, right arm and right hand. He complains of constant, moderate to severe, sharp upper back pain with numbness sensation on the right side. He also reports constant, moderate to severe, sharp, throbbing lower back pain radiating to his right leg with tingly sensations and numbness. On examination there is decreased sensory on C5-C7 and L5-S1 on the right. Cervical range of motion is reduced. There is positive bilateral shoulder depression and +3 tenderness C-C5 bilaterally. Lumbar range of motion is reduced. There is +3 tenderness L3-S1 and positive bilateral straight leg raise. Diagnoses include 1) headaches 2) cervical strain/sprain with right upper extremity neuralgia 3) thoracic sprain/strain 4) lumbar sprain/strain with right leg neuralgia 5) postconcussion syndrome 6) gait disorder.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: The MTUS Guidelines do not recommend the use of lumbar spine x-rays 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 with the physician believes it would be aid in patient management. Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings such as disk bulges that are not the source of painful symptoms and do not warrant surgery. The injured worker is noted to have suffered a concussion injury over two years ago with multiple physician evaluations without note of lumbar spine injury. There is no report of new injury to the lumbar spine. The etiology of these symptoms and examination findings are not addressed, and there are no red flags noted. Medical necessity of this request has not been established within the recommendations of the MTUS Guidelines.