MAXIMUS Federal Services

Case Number:	CM14-0170374		
Date Assigned:	10/20/2014	Date of Injury:	10/23/2007
Decision Date:	11/20/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/15/2014

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, 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 patient sustained an injury on 10/23/07 while employed by [redacted] Request(s) under consideration include X-Ray of The Lumbar Spine with Flexion and Extension Views. Diagnoses included lumbosacral disc degeneration. Diagnoses include Lumbar disc degeneration/ spondylolisthesis (L5-S1)/ possible pars fracture; coccygodynia; cervical radiculopathy; right shoulder impingement syndrome; and plantar fasciitis s/p right foot surgery. Report of 9/17/14 from the provider noted the patient with ongoing chronic neck, lower back, and bilateral hand pain. Medications were reported to decrease pain from 6 to 4/10 which allowed her to continue performing ADLs; and soreness to the low back over the tailbone after a recent fall. Exam showed the lumbar spine with restricted range; tenderness and tight muscles of the paravertebral muscles; positive facet loading test bilaterally; positive Phalen's and Tinel's sign; with intact neurological findings. The patient remained temporarily totally disabled. The request(s) for X-Ray of The Lumbar Spine with Flexion and Extension Views was non-certified on 9/29/14 citing guidelines criteria and lack of medical necessity.

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 with Flexion and Extension Views: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308.

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

Decision rationale: This patient sustained an injury on 10/23/07 while employed by [redacted] Request(s) under consideration include X-Ray of The Lumbar Spine with Flexion and Extension Views. Diagnoses included lumbosacral disc degeneration. Diagnoses include Lumbar disc degeneration/ spondylolisthesis (L5-S1)/ possible pars fracture; coccygodynia; cervical radiculopathy; right shoulder impingement syndrome; and plantar fasciitis s/p right foot surgery. Report of 9/17/14 from the provider noted the patient with ongoing chronic neck, lower back, and bilateral hand pain. Medications were reported to decrease pain from 6 to 4/10 which allowed her to continue performing ADLs; and soreness to the low back over the tailbone after a recent fall. Exam showed the lumbar spine with restricted range; tenderness and tight muscles of the paravertebral muscles; positive facet loading test bilaterally; positive Phalen's and Tinel's sign; with intact neurological findings. The patient remained temporarily totally disabled. The request(s) for X-Ray of The Lumbar Spine with Flexion and Extension Views was non-certified on 9/29/14. Per ACOEM Treatment Guidelines for the Lower Back Disorders states Criteria for ordering imaging studies such as the requested X-rays of the lumbar spine include Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electrodiagnostic studies. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, review of submitted medical reports have not adequately demonstrated the indication for the Lumbar spine x-rays nor document any specific clinical findings to support this imaging study as reports noted unchanged clinical symptoms of ongoing pain without any neurological deficits. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The X-Ray of The Lumbar Spine with Flexion and Extension Views is not medically necessary and appropriate.