

Case Number:	CM14-0184732		
Date Assigned:	11/12/2014	Date of Injury:	02/26/2014
Decision Date:	12/19/2014	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	11/06/2014

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 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 61-year-old male who reported injury on 02/26/2014, due to lifting a heavy object. The injured worker's diagnoses included cervical sprain/strain, lumbar sprain/strain, right wrist sprain/strain, carpal tunnel syndrome, and cervical radiculopathy. The injured worker's past treatments were noted to include physical therapy, transforaminal epidural steroid injection at L4-5, nerve block of L4, and medications. Diagnostic studies included an MRI of the lumbar spine, which noted degenerative changes of the lumbar spine, secondary to multilevel disc bulges, facet, and ligamentum flavum hypertrophy. This was most noted at levels L3-S1. The injured worker also had past x-rays, which were noted to be normal; the documentation did not indicate what areas the x-rays were being taken of and when they were taken. Documentation noted that the injured worker has not had prior surgeries. The clinical note dated 08/04/2014 noted the injured worker complained of intermittent lower back pain, rated 8/10, without any noted radiating pain. The injured worker stated the pain increased with sitting, walking, and standing over 10 minutes, forward bending, squatting, stooping, climbing, twisting, turning, and forceful pushing and pulling. The injured worker had difficulty performing activities of daily living, such as writing, typing, standing, sitting, reclining, walking, climbing stairs, grasping, lifting, carrying, pushing, pulling, and having a restful nocturnal sleep pattern. The documentation noted the injured worker had tenderness and spasms to the lumbar paraspinals, tenderness to the piriformis, and tenderness was noted to be present at L3-5. There was noted decreased range of motion with flexion to 30 degrees, extension to 10 degrees, lateral flexion on the right to 10 degrees, and lateral flexion on the left to 10 degrees. A positive Kemp's test was noted in the documentation. The injured worker had normal motor strength and sensation. The documentation noted the injured worker was not prescribed any medications; however, the provider indicated the injured worker occasionally took Tylenol. The treatment

plan was noted to include topical medication creams, physical therapy, x-ray of the cervical and lumbar spine, and urine toxicology screen. The documentation noted the provider's rationale for x-ray of the lumbar spine was to assess gross osteopathology and exclude arthritis, infection, fracture, or neoplasm or soft tissue of lesion. The documentation submitted for review did not include a Request for Authorization form.

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 (ODG) Low Back (updated 08/22/14)

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

Decision rationale: The request for x-ray of the lumbar spine is not medically necessary. The California MTUS/ACOEM Guidelines state lumbar 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 6 weeks. However, it may be appropriate when the physician believes it would aide in patient management. Unequivocal objective findings identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who consider surgery as an option. The injured worker had previous x-rays and an MRI of the lumbar spine, dated 05/22/2014, which noted degenerative changes of the lumbar spine secondary of multilevel disc bulges, facet, and ligamentum flavum hypertrophy most noted at the levels of L3-S1. The provider recommended x-rays of the lumbar spine to assess gross osteopathology and exclude arthritis, infection, fracture, or neoplasm or soft tissue of lesion. However, there was lack of documentation of evidence of any red flags. There was a lack of documentation demonstrating the injured worker had physical examination findings indicative of infection, arthritis, or neurologic deficit. Based on the lack of documentation the request for x-ray of the lumbar spine is not supported. As such, the request is not medically necessary.