

Case Number:	CM14-0093577		
Date Assigned:	07/25/2014	Date of Injury:	10/14/1998
Decision Date:	09/22/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	06/18/2014

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 Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in Tennessee. 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 a 66-year-old female with a 10/14/98 date of injury. The mechanism of injury occurred when she fell forward and hit her forehead on the cement while trying to catch herself and somewhat arched her back. According to an orthopedic evaluation report dated 5/23/14, the patient complained of pain in her cervical spine, thoracolumbar spine, and the left shoulder at 7/10 on the subjective pain scale. She complained of inability to reach for objects above shoulder level and "popping" in the left shoulder. Objective findings: restricted ROM of cervical spine, tenderness over the anterior portion of the acromioclavicular joint and subacromial region, restricted ROM of thoracolumbar spine, mid-thoracic, paraspinal tenderness on the right. Diagnostic impression: cervical spine sprain/strain, lumbar spine sprain/strain, subacromial/subdeltoid bursitis, left shoulder. Treatment to date: medication management, activity modification, TENS unit, acupuncture, physical therapy. A UR decision dated 6/5/14 denied the request for updated X-ray of lumbar spine. There is no documentation in the medical record of any emergence of any red flags for serious spinal pathology that would warrant the medical necessity for the requested service.

IMR ISSUES, DECISIONS AND RATIONALES

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

Updated X-Ray of the Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Low Back, Radiography.

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

Decision rationale: CA MTUS states that 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. This is a request for repeat imaging, however the date of the original x-ray and the results were not documented. There is no documentation of any significant changes in the patient's condition since the last x-ray to warrant repeat imaging. In addition, there is no reported acute trauma or direct insult to the lumbar spine. Furthermore, there are no extenuating circumstances or red flags to suggest a fracture, dislocation, or subluxation. Therefore, the request for updated X-ray of the lumbar spine is not medically necessary.