MAXIMUS Federal Services

Case Number:	CM14-0212985		
Date Assigned:	12/30/2014	Date of Injury:	04/22/2007
Decision Date:	02/27/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/19/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Physical Medicine & Rehabn

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 patient is a 57-year-old female with an injury date of 04/22/2007. Based on the 09/15/2014 progress report, the patient complains of severe low back pain (10/10) which radiates through her legs bilaterally to her feet with associated numbness and heavy sensations in her bilateral feet/ toes. The patient ambulates with a single point cane in her right hand. The 10/13/2014 report indicates that the patient also has weakness in her legs, which occasionally gives away when she is not using her cane. Upon palpation, she has tenderness about the AC joint on her right shoulder, a restricted range of motion with pain, a positive Hawkins' test, and a positive cross arm test. In regards to the lumbar spine, the patient has palpable tenderness with related muscle spasm, a restricted range of motion, decreased sensations throughout the bilateral legs, weakness throughout the bilateral legs, and a positive straight leg raise test. The 11/10/2014 report states that the patient has tenderness with related muscle spasms in her cervical spine and a restricted range of motion in the bilateral upper extremities. No further positive exam findings are provided. The patient's diagnoses include the following. Lumbar discopathy at L1-L2, L3-L4, L4-L5, and L5-S1 with stenosis and radiculopathy. Status post lumbar laminectomy/discectomy (01/07/2012), complicated by dural leak, consequential to the last operative procedure (02/01/2012). Right shoulder rotator cuff tendinitis and adhesive capsulitis. The utilization review determination being challenged is dated 11/26/2014. There are treatment reports provided from 02/10/2014 - 11/10/2014.

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: Overturned

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

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

Decision rationale: The patient presents with severe pain in her neck, pain in her right shoulder, and pain in her low back which radiates through her bilateral legs, through her feet with associated numbness and tingling in her feet. The request is for an X-RAY OF THE LUMBAR SPINE. The utilization review denial rationale is that "there is a lack of documentation showing that the patient has undergone any conservative treatment to address her pain and deficits to indicate the need for an x-ray. It is unclear if the patient has had previous imaging studies of the lumbar spine."For special diagnostics, ACOEM Guidelines page 303 states "unequivocal objective findings that identifies specific nerve compromise on the neurological examination is sufficient evidence to warrant imaging in patients who do not respond well to treatment and who will consider surgery as an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study." The 11/10/2014 report states, "She has been experiencing an increase in lumbar spine pain with radiculopathy into her legs bilaterally. Therefore, I would like to request authorization for the patient to undergo an x-ray of the lumbar spine to rule out discopathy." Review of the reports provided does not indicate if the patient has had any prior imaging studies of the lumbar spine. The patient is diagnosed with lumbar discopathy at L1-L2, L3-L4, L4-L5, and L5-S1 with stenosis and radiculopathy and she is status post lumbar laminectomy/discectomy (01/07/2012). She has tenderness to palpation with associated muscle spasms of the lumbar spine, decreased range of motion, sensory deficits throughout the legs bilaterally, motor weakness, and a positive straight leg raise. The patient has had pain in her lumbar spine as early as 02/10/2014. Given that the patient has not previously had an x-ray of the lumbar spine and continues to have chronic low back pain, the requested x-ray of the lumbar spine IS medically necessary.