

Case Number:	CM14-0214052		
Date Assigned:	12/24/2014	Date of Injury:	06/30/2011
Decision Date:	02/25/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/22/2014

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:

This patient sustained an injury on 6/30/11 while employed by [REDACTED] / [REDACTED]. Request(s) under consideration include Lumbar spine X-ray AP/Lat. Diagnoses include lumbago/ lumbar radiculopathy/ lumbosacral spondylosis without myelopathy s/p lumbar L2-3 fusion on 4/30/14. Conservative care has included medications, therapy modalities, and modified activities/rest. The patient continues to treat for chronic ongoing symptom complaints. Report from the provider noted continued low back pain below level of fusion; taking Advil, Tramadol, and Norco. Exam showed tenderness at L4-5 and paraspinal muscles; full range with stiffness on left rotation and lateral flexion with intact sensation and motor strength in upper and lower extremities. Treatment plan included waiting for physical therapy and x-rays. The patient remained off work. The request(s) for Lumbar spine X-ray AP/Lat was non-certified on 11/25/14 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:

Lumbar spine X-ray AP/Lat: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 303, 309.

Decision rationale: This patient sustained an injury on 6/30/11 while employed by [REDACTED] / [REDACTED]. Request(s) under consideration include Lumbar spine X-ray AP/Lat. Diagnoses include lumbago/ lumbar radiculopathy/ lumbosacral spondylosis without myelopathy s/p lumbar L2-3 fusion on 4/30/14. Conservative care has included medications, therapy modalities, and modified activities/rest. The patient continues to treat for chronic ongoing symptom complaints. Report from the provider noted continued low back pain below level of fusion; taking Advil, Tramadol, and Norco. Exam showed tenderness at L4-5 and paraspinal muscles; full range with stiffness on left rotation and lateral flexion with intact sensation and motor strength in upper and lower extremities. Treatment plan included waiting for physical therapy and x-rays. The patient remained off work. The request(s) for Lumbar spine X-ray AP/Lat was non-certified on 11/25/14. The ACOEM Treatment Guidelines for Low Back Complaints under Special Studies and Diagnostic and Treatment Considerations supports radiographs when red-flags (i.e. fracture, cancer) are suspected. 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. However, it may be appropriate when the physician believes it would aid in patient management when unequivocal objective findings that identify specific nerve compromise on the neurologic examination are evidence; however, submitted clinical reports only noted lumbar exam with paraspinal tenderness with intact motor and sensation findings. There is no demonstrated acute findings of neurological deficits or change in clinical condition to warrant for a routine x-ray. The Lumbar spine X-ray AP/Lat is not medically necessary and appropriate.