

Case Number:	CM14-0215208		
Date Assigned:	01/02/2015	Date of Injury:	12/29/2013
Decision Date:	02/28/2015	UR Denial Date:	11/24/2014
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 & Rehabilitation

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 50 year old female with an injury date on 12/29/13. The patient complains of unchanged cervical pain rated 7/10, low lumbar pain rated 9/10 associated with numbness/weakness/giving way, locking, and swelling per 11/17/14 report. The pain radiates to the right buttock, upper arm, forearm, hands, hips, thighs, and left knee per 11/17/14 report. The patient has done physical therapy and chiropractic treatment, approximately 12 sessions, and now does a program of stretching and leg exercises at home per 11/17/14 report. The patient is unable to perform activities of daily living due to her pain, which is worse in the mornings and evenings per 9/22/14 report. Based on the 11/17/14 progress report provided by the treating physician, the diagnoses are: 1. lumbar degenerative disc disease/degenerative joint disease. 2. lumbar disc protrusion. 3. right lower extremity radiculopathy. 4. s/p lumbar spine surgery 26 years ago. A physical exam on 11/17/14 showed "L-spine range of motion is limited with all planes reduced by 10 degrees each." The patient's treatment history includes medications, physical therapy, chiropractic, home exercise program. The treating physician is requesting X-ray of lumbar spine AP/lateral/flex/ext. The utilization review determination being challenged is dated 11/24/14 and denies request due to lack of documentation and a recently positive MRI scan. The requesting physician provided treatment reports from 1/7/14 to 11/17/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar spine x-ray: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low back chapter, Radiography

Decision rationale: This patient presents with neck pain, lower back pain, right buttock pain, upper arm/forearm/hand pain, bilateral hips/thigh pain, left knee pain. The treater has asked for X-RAY OF LUMBAR SPINE AP/LATERAL/FLEX/EXT on 11/17/14 "prior to the spine surgery" along with a request for psychological clearance . A lumbar MRI on 11/4/14 showed 3mm disc protrusion at L4-5, a 3mm bulge at L5-S1. Mild to moderate bilateral neural foraminal narrowing. Peripheral orientation of transiting nerve roots in the lower lumbar spine compatible with arachnoiditis, likely related to prior instrumentation per 11/17/14 report. The original MRI report was not included in documentation. Review of the reports do not show any evidence of lumbar X-ray being done in the past. ODG does not recommend routine lumbar x-rays in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least 6 weeks. Imaging is indicated only if patients have severe progressive neurologic impairments or signs or symptoms indicating a serious or specific underlying condition, or if they are candidates for invasive interventions. ODG further states:"Immediate imaging is recommended for patients with major risk factors for cancer, spinal infection, caudal equine syndrome, or severe or progressive neurologic deficits. Imaging after a trial of treatment is recommended for patients who have minor risk factors for cancer, inflammatory back disease, vertebral compression fracture, radiculopathy, or symptomatic spinal stenosis. Subsequent imaging should be based on new symptoms or changes in current symptoms. In this case, the patient presents with chronic back pain. The treater is requesting a lumbar X-ray due to a planned surgical intervention. The requested X-ray lumbar spine is indicated per ODG guidelines. The request IS medically necessary.