MAXIMUS Federal Services

Case Number:	CM15-0003419		
Date Assigned:	01/14/2015	Date of Injury:	02/26/2013
Decision Date:	03/10/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	01/07/2015

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 injured worker is a 45 year old female, who sustained an industrial injury on February 26, 2013. She has reported low back pain and coccyx pain. The diagnoses have included possible lumbar discogenic pain, possible left lumbar facet pain L4-5 and L5-S1, possible lumbar sprain/strain and constant left lumbosacral radicular pain. Treatment to date has included diagnostic studies, physical therapy and medications. Currently, the injured worker complains of constant lower back pain radiating down the left lower extremtiy associated with tinging, numbness and weakness. She also complained of lower back pain radiaing up to the midback between the shoulder blades with right hand and right upper extremity tingling and numbness. On December 8, 2014, Utilization Review non-certified a request for x-rays, noting the American College of Occupational and Environmental Medicine and Official Disability Guidelines. On January 7, 2015, the injured worker submitted an application for Independent Medical Review for review of x-rays.
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IMR ISSUES, DECISIONS AND RATIONALES

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

X-rays: AP/lat/flex/ext: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chapter 12- Low Back Complaints, Imaging, pages 303-304.

Decision rationale: Per ACOEM Treatment Guidelines for the Lower Back Disorders states Criteria for ordering imaging studies such as the requested X-rays of the lumbar spine include Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electrodiagnostic studies. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, review of submitted medical reports have not adequately demonstrated the indication for the Lumbar spine x-rays nor document any specific clinical findings to support this imaging study as reports noted unchanged clinical symptoms of ongoing pain. The patient had MRI of the lumbar spine on 6/13/14 with impression of posterior annular tear at L4-S1 with 3 mmd midline disc protrusion abutting S1 nerve bilaterally with mild degree of canal narrowing. There are no reports of acute change, new injury, or progression of clinical findings to support repeating an imaging study. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The X-rays: AP/lat/flex/ext is not medically necessary and appropriate.