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| Case Number: | CM15-0010107 | | |
| Date Assigned: | 01/27/2015 | Date of Injury: | 05/03/2009 |
| Decision Date: | 03/18/2015 | UR Denial Date: | 12/24/2014 |
| Priority: | Standard | Application Received: | 01/19/2015 |

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, Pain Management

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 63 year old man sustained an industrial injury on 5/3/2009. The mechanism of injury is not detailed. Current diagnoses include whiplash injury to neck, lumbosacral radiculitis, and cervical radiculitis. Evaluations include cervical MRI dated 6/21/2014. Treatment has included oral medications. Physician notes dated 9/26/2014 show continued low back pain with left leg pain and a physical examination without changes. Orthopedic notes dated 12/10/2014 show continued low back pain that radiates down his left leg. Surgery is pending approval. Recommendations are for L4-L5 laminotomy and follow up. A request for authorization dated 12/16/2014 shows requests for medications and the x-rays in dispute. On 12/24/2014, Utilization Review evaluated a prescription for x-rays of the thoracic and lumbar spine, that was submitted on 1/13/2015. The UR physician noted the medical records do not demonstrated red flag findings or recent trauma to the thoracic or lumbar spine. The MTUS, ACOEM Guidelines, (or ODG) was cited. The request was denied and subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-Ray of Thoracic and Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 303. Decision based on Non-MTUS Citation Work Loss Data Institute, Lower Back (Lumbar and Thoracic),

page: 335; Official Disability Guidelines: Low Back - Lumbar and Thoracic (Acute and Chronic)
Chapter Radiography (X-Rays)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 177-178, 303-304. Decision based on Non-MTUS Citation Low Back Chapter, X-rays

Decision rationale: With regard to the request for thoracic and lumbar spine x-rays, OCCUPATIONAL MEDICINE PRACTICE GUIDELINES, Low Back Complaints page 303-304: "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. Imaging studies should be reserved for cases in which surgery is considered or red-flag diagnoses are being evaluated." Official Disability Guidelines (ODG), Low Back Chapter state the following "Indications for imaging -- Plain X-rays:- Thoracic spine trauma: severe trauma, pain, no neurological deficit- Thoracic spine trauma: with neurological deficit- Lumbar spine trauma (a serious bodily injury): pain, tenderness- Lumbar spine trauma: trauma, neurological deficit- Lumbar spine trauma: seat belt (chance) fracture- Uncomplicated low back pain, trauma, steroids, osteoporosis, over 70- Uncomplicated low back pain, suspicion of cancer, infection- Myelopathy (neurological deficit related to the spinal cord), traumatic- Myelopathy, painful- Myelopathy, sudden onset- Myelopathy, infectious disease patient- Myelopathy, oncology patient- Post-surgery: evaluate status of fusion" In this worker, there appears to be lumbar MRI performed on 6/21/14 according to a note on 7/1/14. A subsequent note from October 2014 documents that there are disc bulges and neuroforaminal narrowing in the lumbar region. With this type of detailed imaging, it is not clear why lumbar x-rays are needed. Furthermore, no red flag signs are noted on serial examinations. This request is not medically necessary.