

Case Number:	CM15-0012549		
Date Assigned:	02/02/2015	Date of Injury:	07/27/2014
Decision Date:	03/27/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/21/2015

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 41 year old male who sustained an industrial injury on July 27, 2014. He has reported both elbow and shoulder pain and has been diagnosed with two months status post left shoulder labral repair and decompression surgery and right lateral epicondylitis recalcitrant to conservative management. Treatment has included surgery, injection, medications, and physical therapy. Currently the injured worker complains of right elbow pain and mild to moderate discomfort to the left shoulder. The treatment plan included an surgery, injections, and pain medications. On December 31, 2014 Utilization Review form non certified X-ray of the lumbar spine citing the MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-Ray Lumbar Spine: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back, Radiography

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official disability guidelines Low back Chapter under Radiography

Decision rationale: Based on the 12/22/14 progress report provided by treating physician, the patient presents with low back pain. The request is for X-RAY LUMBAR SPINE. Patient's diagnosis on 12/22/14 included lumbar strain/ sprain, and neuralgia, neuritis, and radiculitis, unspecified. Patient may return to regular duty on 02/25/15, per treater report dated 12/22/14. For radiography of the low back, ACOEM ch12, low back, pages 303-305: Special Studies and Diagnostic and Treatment Considerations 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." For special diagnostics, ACOEM Guidelines page 303 states unequivocal objective findings that identify specific nerve compromise on the neurological examination is sufficient evidence to warrant imaging in patients who do not respond well to treatment and who would 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. ODG-TWC, Low back Chapter under Radiography states: Lumbar spine radiography 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 6 weeks. 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. UR letter dated 12/31/14 states X-rays are not recommended "in the absence of red flags or serious spinal pathology there is no evidence this claimant has undergone a course of therapy prior to this request." Treater has not provided reason for the request. There are no specific concerns for fracture, trauma, suspicion of cancer, and infection. However, patient has a diagnosis of radiculitis. Physical examination to the lumbar spine on 12/22/14 revealed decreased range of motion, increase in pain, and muscle spasms L1-S1. Positive Kemp's and straight leg raise test bilaterally, and decreased sensation along left L5/S1 on the left. Treater has documented objective findings identifying nerve compromise on neurological examination. ODG supports a set of X-rays if the patient has not improved with conservative care. There is no evidence of prior X-ray of the lumbar spine. The request appears reasonable and in accordance with ODG. Therefore, the request for X-ray of the lumbar spine IS medically necessary.