MAXIMUS Federal Services

Case Number:	CM15-0015508		
Date Assigned:	02/03/2015	Date of Injury:	04/27/2009
Decision Date:	03/30/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	01/27/2015

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, Hawaii
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 39 year old female, who sustained an industrial injury on April 27, 2009. She has reported pain in the upper, mid and low back radiating to bilateral lower extremities to the feet. The diagnoses have included major depression, failed lumbar back surgery syndrome, acquired spondylolisthesis, lumbar degenerative disc disease and lumbar radiculopathy. Treatment to date has included radiographic imaging, diagnostic studies, epidural steroid injections, pain medications and lifestyle adjustments. Currently, the IW complains of the upper, mid and low back radiating to bilateral lower extremities to the feet. The injured worker reported an industrial injury in 2009, resulting in chronic pain as previously described. It was noted she had tried and failed conservative therapies and required surgical intervention. She has since suffered from chronic pain. She was noted to have had steroid injections for pain. She reported a decrease in pain with medication. On December 22, 2014, evaluation revealed continued pain. On January 12, 2015, Utilization Review non-certified a request for X-Ray of Neck Spine Anteroposterior, Lateral, Oblique Flexion and Extension, noting the MTUS, ACOEM Guidelines, (or ODG) was cited. On January 22, 2015, the injured worker submitted an application for IMR for review of requested X-Ray of Neck Spine Anteroposterior, Lateral, Oblique Flexion and Extension.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-Ray of Neck Spine Anteroposterior, Lateral, Oblique Flexion and Extension: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG Neck & Upper Back (updated 11/18/14)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Neck and Upper Back Chapter, Radiography (x-rays)

Decision rationale: The patient presents with pain in the upper, mid and low back radiating to bilateral lower extremities to the feet. The current request is for X-Ray of Neck Spine Anteroposterior, Lateral, Oblique Flexion and Extension. The treating physician states, X-Ray exam of neck spine AP, Lateral, Oblique, Flexion And Extension in a report dated 12/22/14. The ODG guidelines state: Not recommended except for indications below. Patients who are alert, have never lost consciousness, are not under the influence of alcohol and/or drugs, have no distracting injuries, have no cervical tenderness, and have no neurologic findings, do not need imaging. In this case, the treating physician, based on the records available for review, has failed to document patient complaints of neck pain, there is no documentation of trauma, there is no cervical diagnosis and there are no cervical examination findings. The current request is not medically necessary and the recommendation is for denial.