

Case Number:	CM15-0015883		
Date Assigned:	02/04/2015	Date of Injury:	05/19/2014
Decision Date:	03/27/2015	UR Denial Date:	01/08/2015
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

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 55 year old female, who sustained an industrial injury on 5/19/14. She has reported neck and low back pain. The diagnoses have included neck pain with myospasm, thoracic pain and lumbar spine sprain/strain with radicular complaints. Treatment to date has included physical therapy and activity restrictions. X-ray of l/s spine performed on 8/27/14 revealed grade 1 anterolisthesis of l4-5 and moderate right convex lumbar scoliosis. Currently, the injured worker complains of intermittent neck pain with radiation to both levator scapulae without radiation and intermittent moderate pain in mid and low back radiating to buttocks and pelvis. Physical exam dated 12/19/14 revealed increased tone with associated tenderness about the bilateral trapezius/levator scapulae muscles and there are trigger points in both levator scapulae. Increased tone and tenderness to palpation over the bilateral SI joints and bilateral greater sciatic notch with muscle spasms are noted also. On 1/8/15 Utilization Review non-certified x-ray of l/s spine 2/3 views, noting it is not medically indicated for the present exam and diagnostic findings. The ODG was cited. On 1/27/15, the injured worker submitted an application for IMR for review of x-ray of l/s spine 2/3 views.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat X-ray of the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Guidelines

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

Decision rationale: This patient presents with neck pain and lower back pain, radiating to the buttocks/pelvis . The treater has asked for REPEAT X-RAY OF THE LUMBAR SPINE on 12/19/14 to better assess the root of the patients complaints. The patient had a previous X-ray of the L-spine which showed "fixed grade 1 anterolisthesis of L4-5 and moderate right convex lumbar scoliosis. Trace anterior marginal spurring is seen at T12-L1 and L2-3 per original X-ray report dated 8/27/14. 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. ODG further states: "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. 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 has chronic neck/back pain, and had a prior lumbar X-ray 4 months ago. There is no evidence, however, that the patient has had a progression of neurological deficits. The patient is not preparing for a surgery, and there is no documentation of any condition that would necessitate a repeat X-ray when the patient had one done 4 months prior. The request IS NOT medically necessary.