

Case Number:	CM15-0018710		
Date Assigned:	02/06/2015	Date of Injury:	09/10/2010
Decision Date:	03/30/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	02/02/2015

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, Arizona

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 34-year-old female who reported injury on 09/10/2010. Documentation indicated the injured worker participated in a functional restoration program. The injured worker had an MRI of the lumbar spine on 06/27/2011, which revealed disc degeneration at L4-5 and L5-S1 with an associated L4-5 left paracentral annular fissure. Surgical history was noncontributory. The mechanism of injury was: the injured worker was lifting a heavy box of tortillas at the restaurant. The injured worker was treated with physical therapy, x-rays and medications. The injured worker was noted to utilize epidural steroid injections. The documentation of 03/19/2014 revealed the injured worker had complaints of when she walks the bones in her back move. This was noted to have improved since the prior visit. The injured worker indicated she felt like the bones were sliding against 1 another in the mid back, and there was slight pain with the movement. The discussion notes indicated physical examination, the injured worker noted the feeling with extension, but it was no palpated by the provider. It was noted to have decreased since the last visit. There was a Medrol Dosepak given that helped to decrease the pain 2 visits prior. The physician further documented if instability was suspected, extension/flexion x-rays should be done. The subsequent documentation of 04/30/2014 revealed the injured worker continued to feel like the bones in the back move, and there was slight pain with movement. The injured worker indicated it had improved since the prior visit. The physical examination revealed the range of motion of the lumbar spine was within normal limits, except for flexion, which was limited to 45 degrees with pain and extension to 10 degrees with pain. The injured worker had facet loading bilaterally with low back pain. A prone lumbar

extension test was positive with low back pain. Diagnoses included displacement of the lumbar intervertebral discs without myelopathy. The treatment plan included x-rays, including standing AP, and lateral and bilateral obliques. Additionally, the recommendation was for the injured worker to continue doing flexion based stretching. The request was made additionally for an x-ray of the sacroiliac joints. The injured worker had a positive Faber sign bilaterally.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-ray lumbar spine, extension flexion, oblique: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Lumbar & Thoracic (Acute & Chronic)

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

Decision rationale: The American College of Occupational and Environmental Medicine indicate that lumbar spine x-rays are not recommended in injured worker's 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, and it may be appropriate when the physician believes it would aide in the injured worker management. The clinical documentation submitted for review indicated the injured worker had lumbar spine pain. The injured worker documented she felt like the bones were moving when she walked. The physical examination indicated the injured worker had flexion that was limited to 45 degrees with pain and extension limited to 10 degrees with pain. There was a lack of documentation indicating that if there were objective findings upon x-ray, how it would aide in the injured worker's management. However, there are exceptional circumstances in this case. The injured worker had significant subjective complaints of a feeling like the bones are moving in her back when she walking and she was treated with oral corticosteroids and was a little better, but the complaint continued. The injured worker had a physical examination which continued to reveal limited flexion to 45 degrees and extension limited to 10 degrees. Given the above, the request for x-ray lumbar spine, extension flexion, oblique is medically necessary.

X-ray bilateral sacroiliac joint: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Lumbar & Thoracic (Acute & Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip & Pelvis Chapter, X-Ray

Decision rationale: The Official Disability Guidelines indicate that plain radiographs of the pelvis should be routinely obtained in injured workers sustaining a severe injury. The clinical

documentation submitted for review failed to indicate the injured worker had sustained a severe injury. The injured worker had a positive Faber sign bilaterally. There was a lack of documentation of exceptional factors to support the need for x-ray studies. Given the above, the request for x-ray bilateral sacroiliac joint is not medically necessary.