

Case Number:	CM15-0018990		
Date Assigned:	02/06/2015	Date of Injury:	11/16/2011
Decision Date:	03/31/2015	UR Denial Date:	01/05/2015
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
 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:

This injured worker is a 62 year old female who sustained an industrial injury on 11/16/11 from a fall down stairs involving a twisting injury resulting in pain her left knee, upper back and neck. Of note, she had a trip and fall on 12/23/10 involving the neck, shoulder, bilateral upper extremities, bilateral lower extremities, back and chest. Currently she is experiencing thoracic and low back pain. The pain is affecting her performance of activities of daily living. Medications are Celebrex which is helpful in alleviating pain. Diagnoses are lumbar spine degenerative disc disease with annular tearing; cervical and thoracic spine strains; bilateral knee contusions and bilateral parascapular strains; facet syndrome; facet arthrosis: L3-4.L4-5 and L5-S1; radiculopathy. Treatments to date include massage therapy which demonstrated some symptomatic relief, physical therapy and recent treatment is medication. Diagnostics to date include radiographs of the left knee (8/18/11) which were negative; MRI (12/13/11)right knee revealing osseous contusion and left knee revealed mild degenerative changes; MRI lumbar spine (3/9/13). Progress note dated 12/11 14 indicated tenderness on palpation of bilateral thoracic spine with thoracic spine pain intensity of 6/10. The thoracic routine roentgenogram is indicated to look at overall alignment and condition of the spine and assess the stability with flexion and extension and to determine if surgical treatment might be beneficial to the injured worker. On 1/5/15 Utilization Review non-certified the request for thoracic routine roentgenograms citing ODG: Low Back Chapter: Radiography Section.

IMR ISSUES, DECISIONS AND RATIONALES

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

Thoracic Routine Roentgenograms: Overturned

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, Radiography

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 under Radiography

Decision rationale: The patient presents with thoracic and low back pain. The request is for THORACIC ROUTINE ROENTGENOGRAMS. The RFA is not provided. Progress note dated 12/11/14 indicated tenderness on palpation of bilateral thoracic spine with thoracic spine pain intensity of 6/10. Patient diagnosis included lumbar spine degenerative disc disease with annular tearing; cervical and thoracic spine strains, bilateral knee contusions and bilateral parascapular strains, facet syndrome, facet arthrosis: L3-4, L4-5 and L5-S1, radiculopathy. Lumbar MRI on 10/10/14 revealed L4-5 demonstrates a small, broad-based bulge with associated central annular tear. No significant stenosis. Per progress report dated 10/07/14, the patient is currently working full time regular duty. 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. Treater states, It is important to look at the overall alignment and condition of the spine?to determine whether or not surgical treatment might be beneficial There are no specific concerns for fracture, trauma, suspicion of cancer, and infection. However, patient has a diagnosis of radiculopathy. 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 T-spine. The request appears reasonable and in accordance with ODG. Therefore, the request for X-ray of the lumbar spine IS medically necessary.