

Case Number:	CM15-0121728		
Date Assigned:	07/02/2015	Date of Injury:	09/06/2014
Decision Date:	07/31/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	06/24/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 29 year old female, who sustained an industrial injury on 9/06/2014. She reported acute neck and shoulder pain after trying to save merchandise in crates from falling. Diagnoses include central disc extrusion at C6-7 and left cervical radiculitis. Treatments to date include Ibuprofen, physical therapy, and epidural steroid injection. Currently, she complained of ongoing neck pain with radiation to the left arm. On 4/27/15, the physical examination documented 75% cervical range of motion with a positive Spurling's maneuver on the left side. The appeal request was to authorize an X-ray of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-ray, lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back & Lumbar & Thoracic (Acute & Chronic), Radiography (x-rays).

Decision rationale: The claimant sustained a work injury in September 2014 and was seen by the requesting provider for an initial evaluation on 05/11/15. She was having neck, upper back, mid back, and low back pain. She had left upper extremity radicular symptoms. She was having headaches and difficulty sleeping. There was lumbar spine tenderness with muscle spasms and decreased lumbar spine range of motion. There was back pain with straight leg raising. Left sacroiliac joint testing was positive. Diagnoses included a lumbar spine sprain/strain. An x-ray of the lumbar spine was obtained without apparent abnormality. Applicable criteria for obtaining a lumbar spine x-ray are trauma or if there are 'red flags' such as suspicion of cancer or infection. In this case, there is no identified acute injury or 'red flag' and the lumbar spine x-ray was not medically necessary.