

Case Number:	CM15-0172295		
Date Assigned:	09/14/2015	Date of Injury:	06/12/2015
Decision Date:	10/22/2015	UR Denial Date:	08/05/2015
Priority:	Standard	Application Received:	09/01/2015

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 61 year old female, who sustained an industrial injury on 6-12-15. She reported pain in her neck, shoulders, hands, lower back, knees, and legs. The injured worker was diagnosed as having cervical spine sprain or strain rule out herniated nucleus pulposus, lumbar spine sprain or strain rule out herniated nucleus pulposus, and bilateral knee sprain rule out internal derangement. Treatment to date has included physical therapy, wrist braces, and medication. Physical examination findings on 6-26-15 included midline tenderness from C5-T1, impingement foramen test was positive bilaterally, and pain throughout range of motion was noted. Cervical range of motion was decreased. Midline tenderness was also noted at L3-S1. Patrick's test, bilateral kemps test, and bilateral seated straight leg raise tests were positive. Lumbar range of motion was decreased. Tenderness over the medial joint line and right popliteal fossa was noted bilaterally. McMurray's test was positive bilaterally. Knee range of motion was decreased bilaterally. Currently, the injured worker complains of pain in the neck, bilateral knees, and low back. The treating physician requested authorization for x-rays of bilateral knees, the cervical spine, and the lumbar spine. On 8-5-15 the requests were non-certified; the utilization review (UR) physician noted "there was no evidence of severe injury, contusion, or fall to substantiate the necessity for x-ray studies."

IMR ISSUES, DECISIONS AND RATIONALES

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

X-ray of the bilateral knees: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter under X-ray.

Decision rationale: The patient presents with headaches, neck pain radiating into the bilateral upper extremity, bilateral shoulder pain, right hand pain, left wrist pain, low back pain radiating into the bilateral lower extremity, left hip pain, bilateral knee pain, and depression and insomnia. The request is for X-RAY OF THE BILATERAL KNEES. The request for authorization is dated 06/26/15. Patient reports having had 12 sessions of physical therapy at previous clinic(s). Patient reports having had 15 sessions of acupuncture at previous clinic(s). Patient's medications include Nabumetone, Omeprazole, Cyclobenzaprine, Tylenol #3, and Compound Creams. Per progress report dated 06/26/15, the patient is not working. ODG Guidelines, Knee Chapter under X-ray Section states: "if a fracture is considered, patients should have radiographs if the Ottawa criteria are met. Among the 5 decision rules for deciding when to use plain films in knee fractures, the Ottawa knee rules (injury due to trauma and age >55 years, tenderness at the head of the fibula or the patella, inability to bear weight for 4 steps, or inability to flex the knee to 90 degrees) have the strongest supporting evidence." Treater does not discuss the request. Physical examination to the knee reveals tenderness over the medial joint line and right popliteal fossa bilaterally. Positive McMurray's and crepitus bilaterally. There is no indication of prior X-ray imaging of the Bilateral Knees. In this case, the patient's diagnosis include bilateral knee sprain/strain, rule out internal derangement and continues with pain. However, treater does not state suspicion of a fracture with positive Ottawa knee criteria for which an X-ray would be indicated. This request is not in accordance with guidelines. Therefore, the request IS NOT medically necessary.

X-ray of the cervical spine: Overturned

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter, under Radiography (x-rays).

Decision rationale: The patient presents with headaches, neck pain radiating into the bilateral upper extremity, bilateral shoulder pain, right hand pain, left wrist pain, low back pain radiating into the bilateral lower extremity, left hip pain, bilateral knee pain, and depression and insomnia. The request is for X-RAY OF THE CERVICAL SPINE. The request for authorization is dated 06/26/15. Patient reports having had 12 sessions of physical therapy at previous clinic(s). Patient reports having had 15 sessions of acupuncture at previous clinic(s). Patient's medications include Nabumetone, Omeprazole, Cyclobenzaprine, Tylenol #3, and Compound Creams. Per

progress report dated 06/26/15, the patient is not working. ODG Guidelines, Neck and Upper Back Chapter, under Radiography (x-rays) Section states: "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. Patients who do not fall into this category should have a three-view cervical radiographic series followed by computed tomography. There is little evidence that diagnostic procedures for neck pain without severe trauma or radicular symptoms have validity and utility. Initial studies may be warranted only when potentially serious underlying conditions are suspected like fracture or neurologic deficit, cancer, infection or tumor." Treater does not discuss the request. Physical examination of the cervical spine reveals graded +2 tenderness is noted over the bilateral cervical paraspinals, suboccipital, upper trapezius sternocleidomastoid muscles and scalenes. Graded +2 spasms are noted over the bilateral upper trapezius and sternocleidomastoid muscles. Midline tenderness at C5 to T1. Extension/Rotation impingement Foramen test is positive bilaterally. Pain throughout range of motion. In this case, given the patient's physical exam and neurologic findings, the request appears reasonable. Review of provided reports do not show a prior X-ray of the Cervical Spine. Therefore, the request IS medically necessary.

X-ray of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back Chapter under Radiography (x-ray).

Decision rationale: The patient presents with headaches, neck pain radiating into the bilateral upper extremity, bilateral shoulder pain, right hand pain, left wrist pain, low back pain radiating into the bilateral lower extremity, left hip pain, bilateral knee pain, and depression and insomnia. The request is for X-RAY OF THE LUMBAR SPINE. The request for authorization is dated 06/26/15. Patient reports having had 12 sessions of physical therapy at previous clinic(s). Patient reports having had 15 sessions of acupuncture at previous clinic(s). Patient's medications include Nabumetone, Omeprazole, Cyclobenzaprine, Tylenol #3, and Compound Creams. Per progress report dated 06/26/15, the patient is not working. MTUS/ACOEM Practice Guidelines, Chapter 12, Low Back Complaints under Special Studies and Diagnostic and Treatment Considerations Section, pages 303-305 states, "Lumbar spine x rays 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 six weeks." ODG-TWC, Low back Chapter under Radiography (x-ray) Section 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 does not discuss the request. Physical

examination of the lumbar spine reveals tenderness and spasm is noted over the bilateral lumbar paraspinals, quadratus lumborum, and sacroiliac joint. Midline tenderness at L3 to S1. Positive left Patrick's (Faber) test, bilateral Kemp's test, and seated straight leg raise bilaterally. In this case, given the patient's physical exam and neurologic findings, imaging studies might be indicated. However, there are no specific concerns for fracture, trauma, suspicion of cancer, and infection. Although the review of provided reports do not show a prior X-ray, the treater does not provide medical rationale for X-rays of Lumbar Spine. Therefore, the request IS NOT medically necessary.