

Case Number:	CM15-0028688		
Date Assigned:	02/20/2015	Date of Injury:	11/19/2012
Decision Date:	04/01/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/17/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive Medicine

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 60 year old female sustained a work related injury on 11/19/2012. According to a progress report dated 01/16/2015, the injured worker was experiencing moderate, constant pain in the back and left leg. The injured worker was currently not working or attending physical therapy. Her chief complaint was low back pain. Range of motion in the lumbar spine was 30/90 degrees flexion with pain, 10/30 degrees extension with pain. Diagnosis included degenerative disc disease. A MRI showed adequate decompression through the surgical levels. She had severe foraminal stenosis on the left greater than right at L5-S1 with degenerative disc disease, mainly at L4-5 and L5-S1, but somewhat at L3-4 and L2-3 as well. Plain x-rays of the back were recommended to see if there was any evidence of instability, especially through the surgical levels. A bone scan and CT scan merge was recommended to check for spondylosis. On 01/30/2015, Utilization Review non-certified x-ray lumbar spine 4 views. According to the Utilization Review physician, objective evidence demonstrating structural instability was not documented on examination. Physical examination did not reflect radiculopathy or neurogenic compromise to suspect a new instability in this injury. CA MTUS ACOEM Practice Guidelines, Chapter 12, Low Back Complaints were referenced. The decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-ray of lumbar spine 4-views: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines- Low Back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Radiography (x-rays).

Decision rationale: ACOEM and ODG both agree that "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." The medical notes provided did not document (physical exam, objective testing, or subjective complaints) any red flags for serious spinal pathology or other findings suggestive of the pathologies outlined in the ODG guidelines. ODG additionally states that "it may be appropriate when the physician believes it would aid in patient management". The treating physician also does not indicate how the x-ray would "aid in patient management". ODG further specifies other indications for imaging with Plain X-rays: Thoracic spine trauma: severe trauma, pain, no neurological deficit Thoracic spine trauma: with neurological deficit Lumbar spine trauma (a serious bodily injury): pain, tenderness Lumbar spine trauma: trauma, neurological deficit Lumbar spine trauma: seat belt (chance) fracture Uncomplicated low back pain, trauma, steroids, osteoporosis, over 70 Uncomplicated low back pain, suspicion of cancer, infection Myelopathy (neurological deficit related to the spinal cord), traumatic Myelopathy, painful Myelopathy, sudden onset Myelopathy, infectious disease patient Myelopathy, oncology patient Post-surgery: evaluate status of fusion. The treating physician does not indicate any concerns for the above ODG pathologies. As such, the request for X-ray of lumbar spine 4-views is not medically necessary.