

Case Number:	CM15-0062886		
Date Assigned:	05/14/2015	Date of Injury:	02/20/2006
Decision Date:	06/11/2015	UR Denial Date:	03/07/2015
Priority:	Standard	Application Received:	04/02/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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:

The injured worker is a 64 year old male with an industrial injury dated 2/20/2006. The injured worker's diagnoses include status post probable L4-L5 decompression on 8/21/2009, status post left knee arthroscopy with arthroscopic partial medial meniscectomy on 4/6/2007, probable early degenerative joint disease of the left knee, chronic lumbar radiculopathy, status post left inguinal hernia repair on 9/24/2007 and lumbar disc protrusion at L4-5 with degenerative joint and degenerative disc disease. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. According to the progress note dated 2/12/2015, the injured worker reported flare ups of pain in his lumbar spine and left knee with increased activity. In the most recent progress note dated 3/05/2015, objective findings revealed tenderness to palpitation of the lumbar spine and increased pain with lumbar motion. Left knee exam revealed tenderness to palpitation over the medial and lateral compartments, pain with McMurray's maneuver and mild patellofemoral irritability with satisfactory patellar excursion and tracking. Left knee exam also revealed crepitation. The treating physician prescribed services for x-ray of lumbar spine and left knee now under 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 and left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343. Decision based on Non-MTUS Citation Official Disability Guidelines- Low Back-Lumbar and Thoracic (Acute and Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304. Decision based on Non-MTUS Citation Radiography (x-rays). <http://www.odg-twc.com/index.html>.

Decision rationale: According to ODG guidelines, X ray of lumbar spine is not recommend routine x-rays in the absence of red flags. (See indications list below.) 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. However, some providers feel it "may" be appropriate when the physician believes it would aid in patient expectations and management. Indications for imaging - 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. In addition, X ray of the knee is indicated in case: Indications for imaging X-rays: Acute trauma to the knee, fall or twisting injury, with one or more of following: focal tenderness, effusion, inability to bear weight. First study. Acute trauma to the knee, injury to knee \geq 2 days ago, mechanism unknown. Focal patellar tenderness, effusion, able to walk. Acute trauma to the knee, significant trauma (e.g, motor vehicle accident), suspect posterior knee dislocation. Nontraumatic knee pain, child or adolescent - nonpatellofemoral symptoms. Mandatory minimal initial exam. Anteroposterior (standing or supine) & Lateral (routine or cross-table). Nontraumatic knee pain, child or adult: patellofemoral (anterior) symptoms. Mandatory minimal initial exam. Anteroposterior (standing or supine), Lateral (routine or cross-table), & Axial (Merchant) view. Non-traumatic knee pain, adult: non-trauma, nontumor, nonlocalized pain. Mandatory minimal initial exam. Anteroposterior (standing or supine) & Lateral (routine or cross-table). (ACR, 2001) (Pavlov, 2000) There is no documentation that the patient is presenting red flags requiring lumbar or knee X rays. There is not recent documentation of acute trauma or focal neurological signs suggestive of serious spine pathology. Therefore, the request is not medically necessary.