

Case Number:	CM17-0019066		
Date Assigned:	02/02/2017	Date of Injury:	10/27/2016
Decision Date:	02/27/2017	UR Denial Date:	12/31/2016
Priority:	Standard	Application Received:	01/30/2017

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, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Family Practice

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 42 year old male, who sustained an industrial injury on 10-27-2016. Diagnoses include thoracic sprain-strain and lumbar sprain-strain, low back pain, and umbilical hernia. Treatments to date include activity modification. On 12-19-16, he complained of ongoing pain in the lumbosacral region and thoracic region. The physical examination documented decreased range of motion in thoracic and lumbar spine. The plan of care included chiropractic physiotherapy and thoracic and lumbar spine x-rays. The appeal requested authorization for one x-ray of the thoracic spine and one x-ray of the lumbar spine. The Utilization Review dated 12-31-16, denied the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) x-ray of the thoracic spine: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies, Summary.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

Decision rationale: Per the MTUS Guidelines, if physiologic evidence indicates tissue insult or nerve impairment, x-rays and MRI may be necessary. Other criteria for special studies include the emergence of a red flag, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. In this case, there is no diagnosis of tissue insult, nerve impairment, or other red flags that would warrant a cervical MRI at this time. Medical necessity has not been established. The request for one (1) x-ray of the thoracic spine is not medically necessary.

One (1) x-ray of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

Decision rationale: The MTUS Guidelines do not recommend the use of lumbar spine x-rays 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. However, lumbar spine x-rays may be appropriate when the physician believes it would be aid in patient management. Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminate imaging will result in false-positive findings such as disk bulges that are not the source of painful symptoms and do not warrant surgery. In this case, there is no documentation of possible red flag conditions and no failure with attempts at conservative treatments. Medical necessity has not been established. The request for one (1) x-ray of the lumbar spine is not medically necessary.