

Case Number:	CM13-0026739		
Date Assigned:	11/22/2013	Date of Injury:	03/23/2013
Decision Date:	01/30/2014	UR Denial Date:	08/30/2013
Priority:	Standard	Application Received:	09/19/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Diagnostic Radiology and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the Primary Treating Physician's Initial Evaluation Report dated 8/13/13 by [REDACTED]. [REDACTED], the patient complained of left lower back pain with radiation. The patient was diagnosed with lumbar spine sprain/strain and rule out discopathy. The plan was for x-ray of the lumbar spine. The date of injury was 3/23/13. The patient was driving and wearing a seat belt. He was completely stopped when the front car backed up and hit the patient in front. The follow-up on 9/10/13 documented that the patient remained incapable of functioning in the working department.

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: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315.

Decision rationale: According to the MTUS guideline, if the patient does not have red flags for serious conditions, the clinician can then determine which common musculoskeletal disorder is present (page 296). 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 (page 303). 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 the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery (page 303). The patient's medical record documents lumbar spine sprain/strain and to rule out discopathy with lumbar spine x-ray, which does not meet the criteria above.