

Case Number:	CM13-0037914		
Date Assigned:	12/18/2013	Date of Injury:	06/14/2002
Decision Date:	05/08/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/24/2013

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 Orthopedic Surgery has a subspecialty in Occupational Surgery 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:

The claimant is a 56 year old male who injured his low back in a work related accident on June 14, 2002. The clinical records for review included an August 12, 2013 report by [REDACTED] noting ongoing complaints of pain in the low back with symptomatic flare up despite the usage of medications. Documentation indicated radiating pain to the buttock with a slow gait pattern. The physical examination showed a slow gait pattern with restricted range of motion, tenderness in the sacroiliac joint right greater than left with normal heel and toe walking, positive right side straight leg raising and equal and symmetrical reflexes. Plain film radiographs of the lumbar spine were recommended to rule out spine pathology causing the claimant's severe pain. It was also recommended that he continue with medication management and follow-up after the radiographic studies that included flexion/extension films.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-RAY OF LUMBAR FLEXION AND EXTENSION, LATERAL POSTERIOR/ANTERIOR AND PELVIC: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines Hip and Pelvis (Updated 06/12/2013), X-Ray.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES TREATMENT IN WORKER'S COMP, 18TH EDITION, 2013 UPDATES: LOW BACK PROCEDURE - RADIOGRAPHY (X-RAYS).

Decision rationale: The CA ACOEM Guidelines as well as the Official Disability Guidelines do not support the request for plain film radiographs including lumbar flexion/extension films. The medical records document that the claimant has continued complaints of pain but there is no documentation of acute physical examination findings or clinical presentation findings that would support the need for plain film radiographs at this stage over 11 years post injury date in the absence of prior imaging reports for review to establish pathology. Based upon the ACOEM Guidelines and the absence of prior imaging results, the request for radiographs including flexion and extension views cannot be recommended as medically necessary.