

Case Number:	CM13-0051917		
Date Assigned:	12/27/2013	Date of Injury:	06/08/2001
Decision Date:	02/25/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	10/29/2013

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 Physical Medicine and Rehabilitation, and Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 patient is a 67-year-old female who reported an injury on June 08, 2001. The mechanism of injury was not provided. The patient was seen on August 08, 2013 after tripping the sidewalk, falling and landing on her left shoulder and hip. The patient had paraspinal muscle spasms and pain along with a straight leg raise that was positive at 40 degrees. The patient's diagnoses included degenerative disc disease (DDD) lumbar spine with sciatica. The request was made for a lumbar spine x-ray.

IMR ISSUES, DECISIONS AND RATIONALES

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

Request for one (1) x-ray of the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Online Version, Hip & Pelvis Chapter, X-Ray.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The ACOEM Guidelines indicate that lumbar spine x-rays are not recommended in patients with low back pain in the absence of red flags for serious spinal pathology, but could be appropriate when the physician believes it would aid in patient

management. The clinical documentation submitted for review failed to provide the documented rationale for the requested service. Additionally, the documentation failed to indicate how the x-ray would aid in patient management. Given the above and the lack of documentation, the prospective request for one (1) x-ray of the lumbar spine is not medically necessary.