

Case Number:	CM14-0006011		
Date Assigned:	03/03/2014	Date of Injury:	04/07/1997
Decision Date:	06/30/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	01/13/2014

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. The expert reviewer is Board Certified in Internal Medicine, has a subspecialty in Pulmonary Diseases 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 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/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 injured worker is a 63-year-old male who reported an injury on 04/07/1997 secondary to an unknown mechanism of injury. The injured worker was evaluated on 12/10/2013 for transfer of care. The exam noted C4-6 and bilateral greater occipital tenderness with spasms noted and mild flexion, extension and rotation limitation. The diagnoses included chronic cervical strain with myofascial pain, chronic low back pain and depression. The treatment plan included x-rays and labs. The request for authorization was not found in the documentation provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

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 (ODG), Low Back - Thoracic and Lumbar (Acute & Chronic) (Updated 12/04/13), Radiography (X-Rays).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Radiography

Decision rationale: The request for x-ray of the lumbar spine is non-certified. ACEOM does not recommend routine x-rays in the absence of red flags. The Official Disability Guidelines note

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. There is no significant evidence of red flags or significant neurologic deficits in the documentation provided. Therefore, the request is not medically necessary.