

Case Number:	CM14-0117752		
Date Assigned:	08/06/2014	Date of Injury:	04/02/2014
Decision Date:	11/17/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	07/25/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 59-year-old male with a date of injury of 04/02/2014. The listed diagnoses per Dr. Payne are: 1. Enthesopathy, spine, 2. Spasm, back, 3. Strain, lumbosacral. According to progress report 04/07/2014, the patient presents with continued low back pain that is "slightly improved" with medications. Examination of the lumbar spine revealed "1+, TTP, right paraspinous musculature adjacent to L4, L5 with spasm." Range of motion was decreased on all planes with slight discomfort noted. Utilization review discusses a progress report from 07/03/2014 which was not provided for my review. It was indicated that the patient complained of low back pain and right shoulder pain with decreased range of motion. The diagnosis was rule out herniated nucleus pulposus. The medical file provided for review includes 2 progress reports. The treater is requesting an x-ray 7-view of the lumbar spine. Utilization review denied the request on 07/15/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-Ray 7 view of the lumbar spine: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) radiograph x-rays under its low back chapter

Decision rationale: This patient presents with low back pain with associated spasm and stiffness. The treater is requesting an x-ray 7-view of the lumbar spine. Utilization review denied the request stating that "there was a lack of documented rationale for the use of the requested service." MTUS and ACOEM Guidelines do not specifically discuss x-rays for the lumbar spine. However, ODG Guidelines has the following regarding radiograph x-rays under its low back chapter: "Not recommended routine x-rays in the absence of red flags. Lumbar spine radiograph 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." In this case, the patient does not present with serious spinal injury, neurological deficit from trauma or suspected fracture to warrant an x-ray of the lumbar spine. Recommendation is for denial.