

Case Number:	CM14-0128973		
Date Assigned:	08/18/2014	Date of Injury:	02/03/1999
Decision Date:	09/18/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/13/2014

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 Family Practice and is licensed to practice in Ohio. 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 67-year-old male who first sustained a back injury in 1999. He has had chronic back pain ever since. He has undergone spinal injections and a rhizotomy previously but continues to have back pain radiating into the lower extremities, more so on the right side. A physical exam from April 3, 2014 revealed of painful paresthesia to the right lateral thigh and anterior shin although his muscular strength was equal in the lower extremities. The injured worker had several facet blocks on April 24th of 2014 which provided 60% pain relief for four months. The injured workers diagnoses include lumbar degenerative disc disease, lumbar radiculopathy, facet osteoarthritis, and possible sacroiliac inflammation.

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: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Low Back Section, <Radiography Topic>.

Decision rationale: Per the above guidelines, while routine radiographic imaging of the lumbar and sacral spine is not recommended for low back pain, even after six weeks and in the absence of red flags, imaging after a trial of treatment is recommended for patients with minor risk factors for cancer, inflammatory back disease, vertebral compression fracture, radiculopathy, or symptomatic spinal stenosis. Subsequent imaging should be based on new symptoms or changes in current symptoms. Imaging may also be indicated if a patient is a candidate for invasive intervention. In this case, the last known imaging of this patient's spine was an MRI scan from July 8 of 2010. Because he responded well to facet blocks previously and has symptoms of a radiculopathy, it is a reasonable supposition that more facet blocks would be considered in the near future. Therefore, routine radiography of the lumbar spine is medically necessary in this case.