

Case Number:	CM14-0142707		
Date Assigned:	10/16/2014	Date of Injury:	03/12/2003
Decision Date:	11/18/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	09/02/2014

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 & Rehabilitation and Pain Management, 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 76-year-old male with a date of injury of 03/12/2003. The listed diagnoses per [REDACTED] are: 1. Failed back syndrome.2. Lumbar pain.3. Lumbar radiculitis.4. Anxiety and depression.5. Erectile dysfunction.6. Hypertension.7. History of left hip replacement.8. Left hip pain.9. Gastrointestinal upset.10. Sleep disorder.The medical file provided for review includes progress reports from 03/03/2014 through 10/15/2014 by 6 different treating physicians. The requesting physician is [REDACTED]. There is 1 progress report by [REDACTED] from 03/17/2014. This report indicates that the patient has low back, left hip, and right side of rib pain. Patient also complains of depression, insomnia, and sexual dysfunction. Examination revealed tenderness and spasm along the paraspinous column. Patient's gait is antalgic and patient utilizes a single point cane. Range of motion of the lumbar spine is decreased by 30%. Straight leg raise is positive in the bilateral lower extremities at 80 degrees. This is a request for "AIM report consultation on x-ray exam with written report for 05/28/2014." There are no progress reports or diagnostic reports from 05/28/2014. Utilization review indicates that there is an AME (anatomical impairment measurement) report from 05/28/2014 which discusses MRI findings from 05/23/2014. Utilization review denied the request on 07/28/2014. Treatment reports from 03/03/2014 through 10/15/2014 were reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective (Date of service 5/28/14) AIM report consultation on X-ray exam with written report: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines) Low Back Chapter, Flexibility

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Outcomes and Endpoints Page(s): 8.

Decision rationale: This patient presents with chronic low back pain. This is a request for "retrospective date of service for AIM report consultation on x-ray exam with written report for 05/28/2014." MTUS page 8 has the following: "The physician should periodically review the course of treatment of the patient and any new information about the etiology of the pain or the patient's state of health." Review of X-ray's and incorporating their findings for patient's treatments are part of what a treating physician does during the course of a routine follow-up visitation. The current request appears to be for a separate billing for the measurement of alignment from X-ray. Official reading of X-ray's is done by radiology and apart from this, there is no additional services recognized by any guidelines for additional reading. Therefore, the request for retrospective (Date of service 5/28/14) AIM report consultation on X-ray exam with written report is not medically necessary and appropriate.