

Case Number:	CM14-0157348		
Date Assigned:	09/30/2014	Date of Injury:	05/05/2010
Decision Date:	10/28/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/25/2014

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 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 47-year-old male with a date of injury of May 5, 2010. He developed low back pain radiating down the left lower extremity. An MRI scan revealed the presence of a herniated nucleus pulposus at L4-L5 and L5-S1 with abutment of the exiting nerve roots. He has been treated with physical therapy and a variety of pain medications. His physical exam reveals tenderness to palpation at L4-L5, paraspinal muscular spasm, and a normal lower extremity neurologic examination. His diagnoses include herniated lumbar discs and chronic lumbar strain.

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 cite any medical evidence for its decision.

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

Decision rationale: Lumbar spine x rays should not be recommended in patients with low backpain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least six weeks. However, it may be appropriate when the physician believes it would aid in patient management. In this instance, the treating physician requested an updated x-ray series of

the lumbar sacral spine but did not indicate how such imaging would aid in the treatment. It has been suggested to the injured worker previously that he have surgery but he has declined. There has been essentially no change in the overall medical picture of the injured worker since the original injury date. Therefore, X-Ray of the lumbar spine is not considered medically necessary in this case.