

Case Number:	CM14-0178095		
Date Assigned:	10/31/2014	Date of Injury:	07/29/2011
Decision Date:	12/08/2014	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	10/27/2014

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 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 51-year-old male who reported an injury on 07/29/2011. The mechanism of injury was a trip and fall. The diagnosis included lumbar spine discopathy and lumbar spine radiculitis. Previous treatments included medication and chiropractic treatment. Within the clinical note dated 09/30/2014, it was reported the injured worker complained of low back pain with radiation into the lower extremities. The pain radiates distally into the feet with associated numbing and tingling sensation. The injured worker complains of numbing anesthesia discomfort of the groin and scrotal area. Upon the physical examination, the provider noted the injured worker had limited range of motion of flexion and extension of the lumbar spine secondary to pain. The provider noted extension was painful and produces a sharp shooting pain into the left gluteal region. The injured worker had decreased sensation in the left L4-S1 and right L5-S1 dermatomal distribution. A request for an x-ray of the lumbar spine was submitted. However, a rationale was not submitted for clinical review. The Request for Authorization was not submitted for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-ray of lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, Chronic Pain Treatment Guidelines Consultation Page(s): 1. Decision based on Non-MTUS Citation ACOEM Chapter 7, page 127

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

Decision rationale: The request for X-ray of lumbar spine is not medically necessary. The California MTUS Guidelines note lumbar spine x-rays should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain persists for longer than 6 weeks. However, it may be appropriate when the physician believes it would aid in patient management. The clinical documentation submitted failed to indicate the provider suspected the injured worker to have red flag diagnoses. Therefore, the request is not medically necessary.