

Case Number:	CM14-0183801		
Date Assigned:	11/10/2014	Date of Injury:	02/02/2012
Decision Date:	12/12/2014	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	11/03/2014

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 Texas. 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:

Medical records reflect the claimant is a 33 year old male who sustained a work injury on 2-2-12. Office visit on 9-29-14 notes the claimant had low back pain radiating to the lower extremities, bilateral knee, hearing problem, depression and anxiety. On exam, the claimant had muscle spasms, decreased range of motion, positive straight leg raise (SLR) at 45 degrees on the right and 30 degrees on the left. The claimant had tenderness to the right knee, positive McMurray test, left thigh atrophy at 2 to 2.9 cm. The claimant had decreased deep tendon reflexes (DTR) at the knees.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-ray for the lumbosacral spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: ACOEM notes that X-ray is recommended for acute low back pain with red flags for fracture or serious systemic illness, subacute low back pain that is not improving, or chronic low back pain as an option to rule out other possible conditions. There is an absence in

physical exam findings to support any red flags or any pathology that would require further investigation with x-rays. Therefore, the medical necessity of this request is not established.