

Case Number:	CM14-0024993		
Date Assigned:	06/11/2014	Date of Injury:	06/06/1988
Decision Date:	10/08/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/27/2014

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 Nevada. 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 records presented for review indicate that this 73 year-old female was reportedly injured on 06/06/1988. The mechanism of injury is noted as a trip and fall. The most recent progress note, dated 1/22/2014, indicates that there are ongoing complaints of chronic low back pain. The physical examination demonstrated lumbar spine: positive tenderness to palpation at L4-L5, and bilateral paraspinal muscle spasms. Trigger points noted at L4-L5 and sciatic region on the right side. Range of motion decreased by 25%. Motor and sensory exam within normal limits as well as patient's gait and reflexes. Decreased sensation/numbness of the right lateral calf. No recent diagnostic studies are available for review. Previous treatment includes medications, physical therapy, back brace, tens unit, and injections. A request had been made for x-rays of the lumbar spine, and was not certified in the pre-authorization process on 1/29/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

X- RAYS LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

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

Decision rationale: ACOEM guidelines state 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. After review, the medical documentation provided was unable to identify any "red flags" in the history and physical examination that was provided. Therefore, this request is deemed not medically necessary.