

Case Number:	CM14-0036138		
Date Assigned:	06/23/2014	Date of Injury:	08/19/1994
Decision Date:	08/07/2014	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	03/24/2014

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 Medicine and is licensed to practice in Arizona. 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 41 year old male with a date of injury on 8/19/1994. Diagnoses include low back pain, and status post spine surgery in 2007. Subjective complaint is of persistent moderate low back pain. Physical exam shows tenderness over L4-5 and paraspinal spasm with trigger points, and normal motor, sensory, and reflex exam. Office visit notes indicate that the patient is transferring care and has had MRI in 1995 and 1999, and had back surgery in 7/2007, and has been followed consistently at 8 week intervals. Lumbar spine x-rays showed lumbosacral degenerative joint disease. Documentation does not suggest a recent acute injury or progressive symptomatology.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-Ray for the lumbar spine, as an outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 289. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) LOW BACK, RADIOGRAPHY.

Decision rationale: The CA MTUS recommends imaging for potentially serious low back disorders, including acute fractures, acute dislocations, infection, tumor, progressive neurologic

deficit, or cauda equine syndrome. The ODG does not recommend routine x-rays in the absence of red flags. Lumbar spine radiography should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least 6 weeks. For this patient, symptoms have been persistent and apparently unchanged for years. There is no indication of progressive symptoms or deficit, or other red flag symptoms. Therefore, the medical necessity of a lumbar x-ray is not established.