

Case Number:	CM14-0077391		
Date Assigned:	07/18/2014	Date of Injury:	05/19/2011
Decision Date:	09/10/2014	UR Denial Date:	05/02/2014
Priority:	Standard	Application Received:	05/27/2014

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 Family Medicine and is licensed to practice in North Carolina. 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 59-year-old with a reported date of injury of 05/19/2011. The patient has the diagnoses of lumbago, lumbosacral spondylosis without myelopathy and spinal stenosis of the lumbar region. Per the progress notes provided by the treating physician dated 05/14/2014, the patient had complaints of low back pain, left thigh pain and left toe numbness. The physical exam noted left S1 pain distribution down the posterior thigh and left L5 pain distribution down the left lower extremity. Treatment recommendations included request for epidural steroid injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chest x ray: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Low back-Pre-operative testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back pain, preoperative testing.

Decision rationale: The ACOEM and California MTUS do not address chest x-rays. The ODG section on low back complaints and preoperative testing states chest x-rays is reasonable for patients at risk of postoperative pulmonary complications if the results would change perioperative management. There is no indication in the documentation provided of any pulmonary risk factors that would necessitate a chest x-ray prior to epidural steroid injections. For these reasons the request is not medically necessary and appropriate.