

Case Number:	CM14-0140007		
Date Assigned:	09/08/2014	Date of Injury:	05/25/2011
Decision Date:	04/22/2015	UR Denial Date:	08/18/2014
Priority:	Standard	Application Received:	08/28/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 66-year-old who has filed a claim for chronic neck, low back, shoulder, and hip pain reportedly associated with an industrial injury of May 25, 2011. In a Utilization Review Report dated August 18, 2014, the claims administration failed to approve a request for lumbar MRI imaging. A July 8, 2014, progress note was referenced in the determination. The claims administrator contented that the attending provider had concurrently pursued a number of diagnostic studies, including x-rays of the neck, low back, and elbow. The applicant's attorney subsequently appealed. In a July 8, 2014 progress note, the applicant had apparently transferred care to a new primary treating provider, alleging multifocal complaints of neck, low back, elbow, bilateral upper extremity and shoulder pain reportedly attributed to cumulative trauma at work. The applicant was not currently working and had apparently been terminated by his former employer a few weeks prior. X-rays of the cervical spine, lumbar spine, bilateral shoulders, and right elbow were endorsed, along with MRI imaging and CT scanning of both the cervical and lumbar spines. Electrodiagnostic testing of bilateral upper and bilateral lower extremities was also ordered, along with 12 sessions of physical therapy. The applicant was placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-Ray of 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 Page(s): 309.

Decision rationale: As noted in the MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 309, the routine usage of radiograph of the lumbar spine in the absence of red flag signs or symptoms is deemed is "not recommended." Here, the attending provider, in fact, did order the lumbar spine x-rays for routine evaluation purposes. X-rays of the lumbar spine were ordered along with x-rays of the elbow, shoulder and neck. The attending provider implicitly acknowledged that he had no intention of acting on the results of any of the studies in question. There was no mention of the applicant's carrying any red-flag diagnoses or symptoms which would have compelled the x-rays at issue. Therefore, the request was not medically necessary.