

Case Number:	CM15-0001569		
Date Assigned:	01/12/2015	Date of Injury:	10/05/1994
Decision Date:	04/08/2015	UR Denial Date:	12/26/2014
Priority:	Standard	Application Received:	01/05/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 48 year old male with date of injury 10/5/1994. The mechanism of injury is not stated in the available medical records. The patient has complained of low back pain since the date of injury. He has been treated with lumbar spine surgery, physical therapy, medications and a spinal cord stimulator. There are no radiographic reports included for review. Objective: decreased and painful range of motion of the lumbar spine, positive straight leg raise on the left, tenderness to palpation of the lumbar paraspinal musculature bilaterally. Diagnoses: failed back surgery, lumbar spine disc disease, chronic back pain. Treatment plan and request: 1 x ray for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

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

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): TABLE 2 Summary of Recommendations, Low Back Disorders.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: The patient is a 48 year old male with date of injury 10/5/1994. The mechanism of injury is not stated in the available medical records. The patient has complained of low back pain since the date of injury. He has been treated with lumbar spine surgery, physical therapy, medications and a spinal cord stimulator. The current request is for 1 x ray of the lumbar spine. Per the ACOEM guidelines cited above, lumbar spine x rays should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology. There is no documentation in the available medical records of red flag symptoms or documentation in change of physical examination. Further, the requesting provider did not specify any diagnostic reasoning or rationale for obtaining plain films of the lumbar spine. On the basis of the available medical documentation and per the MTUS guidelines cited above, 1 lumbar spine plain film is not indicated as medically necessary.