MAXIMUS Federal Services

Case Number:	CM15-0005742		
Date Assigned:	01/20/2015	Date of Injury:	06/22/2000
Decision Date:	12/03/2015	UR Denial Date:	12/26/2014
Priority:	Standard	Application Received:	01/12/2015

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: Texas, Illinois
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 injured worker is a 62 year old male, who sustained an industrial injury on 6-22-2000. The medical records indicate that the injured worker is undergoing treatment for failed back surgery syndrome with post-op infection (2011) and 13 total back surgeries. According to the progress report dated 12-18-2014, the injured worker presented with complaints of severe low back pain. He states that his meds are falling short, he is having gait difficulties, and he feels his condition is worsening. The physical examination of the lumbar spine reveals tenderness over L4 and L5, bilateral paraspinal spasms, reduced range of motion, diminished sensation in calf, and decreased strength in the thigh and calf. The current medications are Avinza, Lidoderm patch, Lyrica, Norco, and Requip. Previous diagnostic studies were not specified Treatments to date include medication management, physical therapy, H-wave, electrical stimulation, pain injections, and surgical intervention. Work status is described as "unable to work." The plan of care includes updated lumbar spine x-rays. The original utilization review (12-26-2014) had non-certified a request for X-ray L-spine (lower back), full including bending views.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-ray L-spine (lower back), full including bending views: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

Decision rationale: The injured worker sustained a work related injury on 6-22-2000. The medical records indicate that the injured worker is undergoing treatment for failed back surgery syndrome with post-op infection (2011) and 13 total back surgeries. Treatments have included medication management, physical therapy, H-wave, electrical stimulation, pain injections, and surgical intervention. The medical records provided for review do not indicate a medical necessity for: X-ray L-spine (lower back), full including bending views. The medical records indicate the problems predate 04/14 when X-rays of affected parts of the body were ordered; the medical records of 06/2014 indicate they were pending X-ray of an unspecified part of the body; the medical record of 10/204 indicate X-ray of an unspecified part of the body was reviewed(the findings were not reported). The MTUS states, Lumbar spine x-rays 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 six weeks. However, it may be appropriate when the physician believes it would aid in patient management. Therefore, it is not medically necessary to order X-ray without knowing what has changed since the last X-ray.