

Case Number:	CM15-0006407		
Date Assigned:	01/26/2015	Date of Injury:	11/01/1995
Decision Date:	03/23/2015	UR Denial Date:	12/16/2014
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: California, Arizona
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 52-year-old male who reported an injury on 11/01/1995. The mechanism of injury was not stated. The current diagnoses include postlaminectomy syndrome, osteoarthritis of the hip, and L5 radiculitis. The latest physician's progress report submitted for this review was documented on 10/01/2014. The injured worker presented with complaints of neck and low back pain with radiating symptoms into the right lower extremity. Upon examination, there was paraspinous tenderness, 4+/5 weakness of the hip abductors on the right, 4/5 of the right EHL, intact sensation, and negative special testing. Recommendations included physical therapy 3 times per week for 6 weeks. It was noted the injured worker underwent lumbosacral spine x-rays with flexion and extension views on 07/21/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-Ray Flex/Ext Lumbosacral Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state 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 was no documentation of a significant functional limitation. There was no evidence of any red flags for serious pathology upon examination. Additionally, the medical necessity for repeat x-rays has not been established in this case. Therefore, the request is not medically appropriate.