

Case Number:	CM15-0007686		
Date Assigned:	01/26/2015	Date of Injury:	12/08/2012
Decision Date:	03/16/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	01/13/2015

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: Arizona, California
Certification(s)/Specialty: Family Practice

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 49 year old male with a date of injury as 12/08/2012. The current diagnoses include lumbar neuritis and status post lumbar fusion on 07/24/2014. Previous treatments include medications, lumbar surgery, and physical therapy. Report dated 11/24/2014 noted that the injured worker presented with complaints that included pain rated 10 out of 10 after sitting for prolonged periods. Physical examination revealed tenderness to palpation in the bilateral paraspinal at incision. Treatment plan included request for medications and x-rays. The physician did not provide a rationale for why the x-rays were being requested. The injured worker is on temporary total disability. Radiographic reports from 06/09/2014 and 07/24/2014 were included for review. The utilization review performed on 12/16/2014 non-certified a prescription for x-rays of the lumbar spine with flexion, extension, AP and lateral views based on no clear rationale indicating why the injured worker requires repeat x-rays. The reviewer referenced the California MTUS and Official Disability Guidelines in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-Rays of lumbar spine with flexion, extension, AP and lateral views: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 309.

Decision rationale: According to the guidelines, x-rays are recommended in acute injury or in the event of a red flag finding such as tumor, infection or acute neurological changes. In this case, the claimant had an x-ray in July 2014 which indicated the lumbar fusion and no gross abnormality. The request for an additional x-ray is not indicated based on the guidelines above and is not medically necessary.