

<b>Case Number:</b>	CM15-0009978		
<b>Date Assigned:</b>	01/27/2015	<b>Date of Injury:</b>	09/10/2013
<b>Decision Date:</b>	03/19/2015	<b>UR Denial Date:</b>	12/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/16/2015

### 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, 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 injured worker is a 41 year old female who sustained an industrial injury on September 10, 2013. She has reported low back pain and has been diagnosed with lumbar disc disease, lumbar radiculopathy, posterior annular tear, and anxiety. Treatment to date has included an epidural steroid injection, medications, chiropractic therapy, as well as physical therapy. The injured worker currently complains of low back pain with numbness to bilateral legs. The treatment plan included an epidural steroid injection. On December 13, 2014 Utilization review non-certified 1 follow up visit and 1 x-ray of the lumbar spine citing the ACOEM guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Follow Up Visit With [REDACTED]:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79.

**Decision rationale:** Yes, the proposed follow-up visit was/is medically necessary, medically appropriate, and indicated here. As noted in MTUS Guideline in ACOEM Chapter 5, page 79, frequent follow-up visits are "often warranted" even in applicants whose conditions are not expected to change appreciably from week to week. Here, the applicant was/is off of work. A follow-up visit with the physician at issue, a pain management physician, was/is indicated, particularly in light to the fact that the applicant had a variety of chronic pain complaints, had received interventional spine procedures, and was employing various analgesic medications. Therefore, the request was/is medically necessary.

### **1 X-Ray Of The Lumbar Spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back - Lumbar & Thoracic (Acute and Chronic).

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

**Decision rationale:** 2. conversely, the x-ray of the lumbar spine apparently performed on December 2, 2014 was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, page 309, the routine usage of radiographs of the lumbar spine (AKA lumbar spine x-ray) "not recommended" in the absence of red flag signs or symptoms. Here, however, there was not mention of the applicant's having any red flag issues, which would compel x-rays of the lumbar spine. It appears that the x-ray at issue was apparently performed, despite the unfavorable utilization review determination. The x-rays were notable only for degenerative disk disease of uncertain clinical significance. The attending provider, furthermore, failed to act on the results of the same. Therefore, the request was not medically necessary.