

Case Number:	CM15-0107418		
Date Assigned:	06/11/2015	Date of Injury:	10/14/2013
Decision Date:	07/28/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	06/03/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 (IW) is a 44-year-old male who sustained an industrial injury on 10/14/2013. He reported pain from shoveling and lifting concrete. The injured worker was diagnosed as having lumbar disc displacement without myelopathy. Treatment to date has included medications and limited physical therapy. Currently, the injured worker complains of back pain on the right side and back pain around his right hip anterior groin region. The pain increases with standing, walking, bending and lifting. He states the Naproxen twice daily has been effective for him for pain relief. He has no complaint of gastritis. He is noted to have an antalgic gait. There is no edema or tenderness in any extremity and muscle tone is normal without atrophy in all extremities. Muscle strength is slightly decreased in the ankles of the right lower extremity. There is no deficit in the left lower extremity. Straight leg raise is positive on the right. There is reproducible pain with external rotation of the right hip and pain on palpation over the right greater trochanteric bursa with a trace weakness of the right plantar flexion dorsiflexion and Extensor Hallucis Longus. The plan of treatment includes review of MRI of the lumbar spine and requests will be made for x-rays of the hip and sacroiliac joint. A request for authorization is made for X-Rays, Lumbar Spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-Rays, Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304.

Decision rationale: According to MTUS guidelines, x ray of the lumbar spine is indicated in case of disc protrusion, post laminectomy syndrome, spinal stenosis and equina syndrome. The patient developed a back injury 2 years ago without any focal neurological examination. Therefore, the request of x-ray of the lumbar spine is not medically necessary.