

Case Number:	CM15-0107992		
Date Assigned:	06/12/2015	Date of Injury:	07/31/2012
Decision Date:	07/13/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	06/04/2015

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 York, West Virginia,
 Pennsylvania Certification(s)/Specialty: Emergency 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 43 year old male, who sustained an industrial injury on 7/31/2012. He reported developing low back pain over repeated cumulative injuries. Diagnoses include chronic neck pain, and chronic lumbar pain, status post lumbar fusion. Treatments to date include medication therapy, activity modification, physical therapy, and epidural steroid injections. Currently, he was status post lumbar fusion from January 2015 and had initiated physical therapy. He was taking Ibuprofen for pain. On 4/10/15, the physical examination documented full range of motion in the lumbar spine and wound was healed. The plan of care included repeat x-rays of lumbar spine in flexion-extension views.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat X-Rays of Lumbar Spine in Flexion-Extension Views: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

Decision rationale: Guidelines recommend x-rays when there are red flag indicators such as recent trauma or suspicion of instability. In this case, there were no signs of trauma or instability and no prior x-ray study results available for comparison to this requested study. The request for repeat x-rays of the lumbar spine in flexion-extension views is not medically necessary and appropriate.