

Case Number:	CM15-0131444		
Date Assigned:	07/17/2015	Date of Injury:	10/08/2013
Decision Date:	08/17/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	07/07/2015

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 applicant is a represented 59-year-old who has filed a claim for chronic neck, shoulder, low back, and leg pain reportedly associated with an industrial injury of October 8, 2013. In a Utilization Review report dated June 9, 2015, the claims administrator failed to approve a request for an x-ray of the lumbosacral spine. The claims administrator referenced RFA forms of May 27, 2015 and June 3, 2015 in its determination. The applicant's attorney subsequently appealed. On May 27, 2015, the applicant reported ongoing complaints of low back and leg pain. The applicant had recently been seen in the emergency department with heightened pain complaints, it was suggested. Hyposensorium about the right L4-L5 distribution was appreciated on exam. Vicodin was endorsed. Acupuncture was also apparently sought. The applicant was placed off of work, on total temporary disability. The applicant had undergone earlier shoulder surgery on December 23, 2014, it was reported. X-rays of the lumbar spine were endorsed owing to the applicant's heightened pain complaints. The attending provider did not state what was sought. The attending provider did not state what was suspected insofar as the proposed lumbar spine x-rays were concerned.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-ray lumbosacral spine: 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: No, the proposed x-rays of the lumbosacral spine were not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 309, the routine usage of radiographs of the lumbar spine in the absence of red-flag signs or symptoms is deemed "not recommended." Here, the May 27, 2015 progress note did not clearly state what was sought and/or what was suspected via the proposed lumbosacral spine x-rays. A differential diagnosis list was not furnished, suggesting that the attending provider was, in fact, pursuing x-rays of the lumbar spine for routine evaluation purposes, contrary to the ACOEM position on the same. Therefore, the request was not medically necessary.