

Case Number:	CM15-0161223		
Date Assigned:	08/28/2015	Date of Injury:	03/03/2015
Decision Date:	09/30/2015	UR Denial Date:	08/04/2015
Priority:	Standard	Application Received:	08/18/2015

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: Connecticut, California, Virginia
 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 29 year old male who sustained an industrial lifting injury on 03-03-2015. Initial X-rays of the thoracic and lumbar spine were reported as negative for acute pathology. The injured worker was diagnosed with lumbar sprain and strain. No surgical procedures have been performed. Treatment to date has included diagnostic testing with lumbar spine magnetic resonance imaging (MRI) on May 15, 2015, conservative measures, heat, physical therapy, chiropractic therapy and medications. According to the treating physician's progress report on June 29, 2015, the injured worker continues to experience upper and low back pain with radiation to the right hip. Examination demonstrated no tenderness to palpation of the lumbar paraspinal muscles and no pain with percussion of the spine. Lumbar range of motion was noted as 80-90% of normal. Lower extremity range of motion was within normal limits. Straight leg raise was negative bilaterally with motor strength, deep tendon reflexes and sensation intact. Current medications were not documented. Urine drug screening on July 30, 2015 was inconsistent for prescribed or illicit drugs. The injured worker is on temporary total disability (TTD) with modified work duties. Treatment plan consists of a regular exercise program, aerobic conditioning, proper body mechanics and the current request for lumbar spine X-rays.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-ray of lumbar 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): 303.

Decision rationale: Per the guidelines, in the absence of red flags, x-rays are not indicated. Based on the recent provided reports describing the clinical picture in this case, while the patient's low back exam is not completely normal, there is no indication for concern warranting plain films to rule out specific pathology at this time (indications would include evidence of acute trauma or concern for cancer, etc.). Imaging has already been completed and there is no indication of significant interval change of concern to warrant further imaging. In this case, based on the provided documents and lack of evidence to support acute need for plain films in a patient with previous imaging studies, the request for x-rays is not medically necessary.