

Case Number:	CM15-0167742		
Date Assigned:	09/08/2015	Date of Injury:	03/27/2009
Decision Date:	10/08/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	08/26/2015

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: California

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 59 year old female who sustained an industrial injury on 03-27-09. Initial complaints and diagnoses are not available. Treatments to date include medications. Diagnostic studies are not addressed. Current complaints include low back pain. Current diagnoses lumbago, low back pain, lumbosacral disc degeneration, long-term medications use, scoliosis, and cervical, thoracic or lumbar facet arthropathy. In a progress note dated 07-24-15 the treating provider reports the plan of care as a urine drug screen, scoliosis x-rays, as well as medications including Norco and MS Contin. The requested treatment include scoliosis x-rays.

IMR ISSUES, DECISIONS AND RATIONALES

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

Scoliosis series x-rays: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies, Summary.

Decision rationale: As per ACOEM Guidelines, imaging studies should be ordered in event of "red flag" signs of symptoms, signs of new neurologic dysfunction, clarification of anatomy prior to invasive procedure or failure to progress in therapy program. Patient does not meet any of these criteria. There is no documented red flag findings in complaints or exam. There is no noted

new neurologic dysfunction. Provider is requesting scoliosis series to determine if patient could benefit from bracing. It is unclear why prior x-rays are not sufficient to make that determination. Scoliosis is not likely to suddenly change over just a few years. Patient has chronic pain that is unchanged and has reportedly waxes and wanes which is consistent with chronic pain. There are no new exam findings or history that warrants imaging. Scoliosis series radiographs of spine is not medically necessary.