

Case Number:	CM15-0193624		
Date Assigned:	10/07/2015	Date of Injury:	08/12/2014
Decision Date:	11/16/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	10/01/2015

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 52 year old male injured worker suffered an industrial injury on 8-12-2014. The diagnoses included multilevel disc protrusion in the lumbar spine, right lower extremity lumbar radiculopathy. On 8-3-2015, the treating provider reported back pain particularly on the right with constant symptoms down the right lower extremity rated 5 out of 10. He also reported some weakness in the right with numbness. The lumbar spine range of motion was reduced with positive straight leg raise along with decreased sensation from L4 to S1. Diagnostics included electromyography studies 5-28-2015 The Utilization Review on 9-2-2015 determined non-certification for X-rays of the lumbosacral AP, lateral with flexion/ extension.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-rays of the lumbosacral AP, lateral with flexion/ extension: 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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Radiography (x-rays).

Decision rationale: The requested X-rays of the lumbosacral AP, lateral with flexion/ extension, is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 12, Low Back Complaints, Special Studies and Diagnostic and Treatment Considerations, Page 303 note "Lumbar spine x rays should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least six weeks;" and Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic), Radiography (x-rays) note "Radiography (x-rays) - Not recommend routine x-rays in the absence of red flags." The injured worker has back pain particularly on the right with constant symptoms down the right lower extremity rated 5 out of 10. He also reported some weakness in the right with numbness. The lumbar spine range of motion was reduced with positive straight leg raise along with decreased sensation from L4 to S1. The treating physician has not documented applicable red flag conditions. The criteria noted above not having been met, X-rays of the lumbosacral AP, lateral with flexion/ extension is not medically necessary.