

Case Number:	CM15-0200310		
Date Assigned:	10/15/2015	Date of Injury:	09/25/2012
Decision Date:	11/24/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	10/13/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 60 year old female who sustained an industrial injury on September 25, 2012. The worker is being treated for: lumbar back pain, thoracic lumbosacral neuritis, intervertebral disc disease without myelopathy, lumbar. Laminectomy. Subjective: December 15, 2014, June 08, 2015 reported good relief from lumbar epidural injection two to three days "then had worsening pain in lumbar spine," but "settling down," medial and proximal thigh pain; right leg feels weaker. Low back pain radiating into right groin and down thigh into calf. Medications: December 15, 2014, June 08, 2015 Ibuprofen. Diagnostic testing: radiographic study MRI lumbar spine, neurodiagnostic nerve conduction study of lumbar spine and lower extremities. Treatment modality: laminectomy L4-5, activity modification, injections, anti-inflammatory. On September 14, 2015 a request was made for radiography study of lumbar spine that was denied by Utilization review on September 18, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-rays of the lumbar spine, 4 views AP/Lateral flexion and extension: Upheld

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

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

Decision rationale: The ACOEM chapter on low back complaints states: 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. The provided clinical documentation for review does not show and presence of red flags or serious spinal pathology on exam. Therefore the request is not medically necessary.