

Case Number:	CM15-0026230		
Date Assigned:	02/18/2015	Date of Injury:	03/08/2004
Decision Date:	03/27/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/11/2015

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: 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 52 year old male, who sustained an industrial injury on 03/08/2004. He has reported upper, mid, and low back pain. The diagnoses have included lumbar facet syndrome; lumbar radiculopathy; thoracic stenosis; and thoracic spondylosis. Treatment to date has included medications, lumbar facet joint injections, and surgical intervention. Medications have included Vicodin, Ibuprofen, and Tramadol. Currently, the injured worker complains of upper, mid, and low back pain; low back pain radiates down both legs; and numbness over the left foot. A post-surgical discharge note from the treating physician, dated 05/29/2014, documented the injured worker underwent right-sided thoracotomy, T5-T6 discectomy anterolateral approach with decompression of spinal cord at T5-T6, and hardware removal at T11-T12, performed on 05/27/2014. The treatment plan has included the request for thoracic x-rays times 2 views for post-operative surveillance. On 02/04/2015 Utilization Review noncertified a prescription for Thoracic x-rays times 2 views (AP/Lat) for post-operative surveillance. The ODG was cited. On 02/06/2015, the injured worker submitted an application for IMR for review of a prescription for Thoracic x-rays times 2 views (AP/Lat) for post-operative surveillance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Thoracic x-rays times 2 views (AP/Lat) for post operative surveillance: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation (ODG-TWC) Low Back (updated 1/30/15)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; Low Back

Decision rationale: MTUS Guidelines do not address the issue of post operative x-rays. ODG Guidelines directly address this issue and the Guidelines support the use of post operative x-rays to evaluate the extent of fusion. This is standard practice at about 6 months post fusion. The thoracic x-rays times 2 views (AP/Lt) for post operative surveillance is supported by Guidelines and is medically necessary.