MAXIMUS Federal Services

Case Number:	CM15-0219452		
Date Assigned:	11/12/2015	Date of Injury:	10/10/2007
Decision Date:	12/29/2015	UR Denial Date:	10/24/2015
Priority:	Standard	Application Received:	11/09/2015

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: Texas, New York, 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 applicant is a represented [redacted] beneficiary who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of October 10, 2007. In a Utilization Review report dated October 24, 2015, the claims administrator failed to approve a request for x-rays of the lumbar spine. The claims administrator referenced an August 31, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On said August 31, 2015 office visit, the applicant reported ongoing issues with chronic low back pain, highly variable, 5-9/10. Right lower extremity radicular pain complaints were reported. The applicant reported difficulty standing and walking. The applicant had apparently experienced a flare in radicular pain complaints, the treating provider reported. The applicant was working with permanent limitations in place, the treating provider suggested in one section of the note, admittedly through usage of pre-printed checkboxes. The applicant had undergone earlier L5-S1 lumbar laminectomy surgery in 2008, the treating provider reported and was described as having deteriorated over time. X-rays of the lumbar spine were performed and apparently demonstrated moderate degenerative changes with disk space narrowing and spur formation at L4-L5. The treating provider suggested observation. The treating provider suggested that the applicant follow up in 4-5 weeks and consider MRI imaging at the next visit if unimproved. Neurontin and naproxen were endorsed. The treating provider acknowledged that historical MRI imaging of August 2012 had demonstrated postoperative changes and a recurrent disk herniation.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-ray of the lumbar spine, two views: 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: No, the request for x-rays of lumbar spine was not medically necessary, medically appropriate, or indicated here. The stated diagnoses, per the attending providers August 31, 2015 office visit, were, in fact, postlaminectomy syndrome and/or recurrent disk protrusion status post prior lumbar spine surgery. However, the MTUS Guideline in ACOEM Chapter 12, Table 12-7, page 304 scores plain film radiography at 1/4 in its ability to identify and define suspected disk protrusions and 1/4 in its ability to identify and define postlaminectomy syndrome, i.e., the operating diagnoses here. Here, the attending provider failed to furnish a clear or compelling rationale for selection of plain film radiography (x-rays) of the lumbar spine for diagnoses for which it is scored poorly in its ability to identify and define, per the MTUS Guideline in ACOEM Chapter 12, Table 12-7, and page 304. Therefore, the request was not medically necessary.