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| Case Number: | CM15-0223191 | | |
| Date Assigned: | 11/19/2015 | Date of Injury: | 03/05/2001 |
| Decision Date: | 12/30/2015 | UR Denial Date: | 10/29/2015 |
| Priority: | Standard | Application Received: | 11/13/2015 |

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: 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 was a 53-year-old male, who sustained an industrial injury on March 5, 2001. The injured worker was undergoing treatment for low back pain and intervertebral disc degeneration of the lumbosacral region. The injured worker denied muscle pain or pain down the backs of the legs, limb or joint pain. The physical exam noted lumbar spine tenderness with palpation at the right ischium. The range of motion the flexion was slightly decreased, left lumbar rotation was slightly decreased, lumbar extension was slightly decreased, left lateral rotation was slightly decreased, and right lumbar rotation was slightly decreased. The straight leg raises were negative bilaterally. The facet-loading test was negative bilaterally. According to progress note of October 19, 2015, the injured worker's chief complaint was lumbar pain. The pain was described as aching, dull and constant. The injured worker previously received the following treatments Percocet, Mobic, Baclofen, Endocet, Norflex, Baclofen, daily exercise program, Cyclobenzaprine and Percocet. The UR (utilization review board) denied certification on October 29, 2015; for lumbosacral X-rays (three views).

IMR ISSUES, DECISIONS AND RATIONALES

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

X-rays lumbosacral spine (total 3 views) #1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Radiography (x-rays).

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

Decision rationale: The MTUS Guidelines do not recommend the use of lumbar spine x-rays 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. However, it may be appropriate with the physician believes it would be aid in patient management. Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings such as disk bulges that are not the source of painful symptoms and do not warrant surgery. In this case, the injured worker had lumbar x-ray's on 01/14/14 and there have been no interval changes that would warrant repeat x-rays. The request for X-rays lumbosacral spine (total 3 views) #1 is determined to not be medically necessary.