

Case Number:	CM15-0032525		
Date Assigned:	02/26/2015	Date of Injury:	08/12/2010
Decision Date:	04/15/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	02/20/2015

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, District of Columbia, Maryland
Certification(s)/Specialty: Anesthesiology, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 60 year old female sustained an industrial injury on 8/12/10. She subsequently reports chronic low back pain. Prior x-rays and MRIs have revealed abnormalities of the lumbar spine. Treatments to date have included and prescription pain medications. On 1/22/15, Utilization Review non-certified a request for an X-Ray including sacrum (complete with oblique views), lumbar spine. The X-Ray including sacrum (complete with oblique views), lumbar spine was denied based on ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-Ray including sacrum (complete with oblique views), lumbar spine: 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), Radiography (x-rays).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back, Radiography.

Decision rationale: According to the attached medical record the injured employee has had previous x-rays and an MRI the lumbar spine. There is not reported to be any significant change or worsening of the injured employee symptoms or physical examination findings. As such, this request for a repeat x-ray of the lumbar spine including the sacrum is not medically necessary.