

Case Number:	CM15-0041946		
Date Assigned:	03/11/2015	Date of Injury:	11/09/1995
Decision Date:	05/01/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	03/04/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 54 year old male with an industrial injury dated 11/09/1995. The injured worker diagnoses include syndrome post laminectomy lumbar and secondary revision 2002, lumbar disc displacement without myelopathy, unspecified major depression, single episode, unspecified major depression, recurrent episode and depression. He has been treated with diagnostic studies, prescribed medications, cognitive behavioral therapy and periodic follow up visits. According to the progress note dated 01/27/2015, the injured worker reported increased low back pain. Physical exam revealed antalgic gait. The treating physician prescribed services for x-ray of the lumbar spine now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-ray Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment for Workers Compensation, Online Edition; Chapter Low Back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: This 54 year old male has complained of low back pain since date of injury 11/9/95. He has been treated with lumbar spine surgery, physical therapy and medications. The current request is for x ray lumbar spine. Per the ACOEM guidelines cited above, lumbar spine x rays are not recommended in patients with low back pain in the absence of red flags for serious spinal pathology. There is no documentation in the available medical records of red flag symptoms. On the basis of the available medical documentation and per the ACOEM guidelines cited above, x-ray of the lumbar spine is not indicated as medically necessary.