MAXIMUS Federal Services

Case Number:	CM15-0048667		
Date Assigned:	03/20/2015	Date of Injury:	12/07/2000
Decision Date:	05/06/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	03/16/2015

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: Physical Medicine & Rehabilitation, Pain Management, 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 67-year-old male who sustained an industrial injury on December 7, 2000. He has reported low back pain and has been diagnosed with lumbar post laminectomy, lumbar radiculitis, and sacroiliac sprain/strain. Treatment has included medications. Currently the injured worker complains of low back pain that was constant with frequent referral down bilateral legs to his heels with numbness to his legs. The treatment requests include an x-ray of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-ray Lumbar spine: Flexion/extension, Lateral, Oblique, Posterior/anterior: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: ACOEM 2004 states that x-rays are an option when red flags for fracture, infection or cancer are present. This request does not adhere to MTUS 2009. However, there is a history of surgery along with a reported history of segmental instability. The patient also has a history of illicit drug use. There may be a concern for a bone infection if hardware is present from surgery. The requesting physician would also like to assess the severity of the instability since the original films are not easily accessible. Based upon the rationale for obtaining the x-rays, this request for a complete series of lumbar x-rays is approved even though the request does not strictly adhere to guidelines.