

Case Number:	CM15-0049803		
Date Assigned:	03/23/2015	Date of Injury:	07/14/2004
Decision Date:	05/01/2015	UR Denial Date:	03/09/2015
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

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 42 year old male who sustained an industrial injury on 7/14/04. The injured worker reported symptoms in the back. The injured worker was diagnosed as having other unspecified back disorder, pain low back. Treatments to date have included home exercise program, oral pain medication, and analgesia. Currently, the injured worker complains of lower back pain. The plan of care was for physical therapy, diagnostics and a follow up appointment at a later date. A request for x-rays of the lumbar spine was made in Feb 2015 and was to assess for spine degenerative disease/changes.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-ray lumbar spine 4 views: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, for lumbar spine X-rays.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Radiography (X-rays).

Decision rationale: Regarding request for lumbar spine x-ray, Occupational Medicine Practice Guidelines state that x-rays should not be recommended 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 6 weeks. However, it may be appropriate when the physician believes it would aid in patient management. Guidelines go on to state that subsequent imaging should be based on new symptoms or a change in current symptoms. Within the documentation available for review, it is clear the patient has continued chronic low back pain. According to a note from February 2015, the plan was for MBB and PT. The provider also wanted the x-rays to assess for 'degenerative changes.' The documentation indicates the last MRI was from 2004. Given that x-ray can help distinguish the pain generator as being primarily degenerative disc vs facetogenic, it is reasonable to order lumbar x-rays at this time to guide management. The currently requested lumbar x-ray is medically necessary.