

Case Number:	CM15-0051790		
Date Assigned:	03/25/2015	Date of Injury:	10/15/1998
Decision Date:	05/01/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	03/18/2015

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: Family Practice

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 with an industrial injury dated 10/15/1998. His diagnosis includes arthrodesis lumbar 4 through the sacrum, post laminectomy syndrome, lumbar; sacroiliac joint dysfunction, bilateral and chronic pain. Prior treatments include lumbar surgery, spinal cord stimulator trial and medications. He presents on 12/30/2014 with complaints of low back and bilateral leg pain. He rates the pain as 7-8 on a scale of 1-10. Physical exam noted range of motion of the lumbar spine. Sacroiliac joint was positive for tenderness. The provider documents the patient's pain generator was never identified since the fusion failed to modify his pain at all. Authorization is requested for x-ray of lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-Ray of The Lumbar Spine (Complete Pelvis): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: According to MTUS ACOEM guidelines, lumbar spine 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 six weeks. However, it may be appropriate when the physician believes it would aid in patient management. In this case, the injured worker is status post two level lumbar fusion in 2000 and remains with chronic back and leg pain. Spinal Cord Stimulator has not been effective. There has not been any updated studies and the injured worker has presented to the surgeon for further options. The provider documents the patient's pain generator was never identified since the fusion failed to modify his pain at all. The request for radiographic films is supported to aid in patient management is supported. The request for X-Ray of The Lumbar Spine (Complete Pelvis) is medically necessary.