

Case Number:	CM15-0058570		
Date Assigned:	04/03/2015	Date of Injury:	06/23/2010
Decision Date:	07/01/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	03/27/2015

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:

This 45 year old man sustained an industrial injury on 6/23/2010. The mechanism of injury is not detailed. Diagnoses affecting this worker include chronic low back pain, lumbar disc herniation, and there is a prior lumbar laminectomy. Treatment has included oral medications. Physician notes dated 2/6/2015 show continued complaints of low back, bilateral hip and leg pain. The worker has received an epidural steroid injection about a week ago, but has experienced no effect from the procedure. Recommendations include updated lumbar spine MRI and x-rays to assist in surgical inquiry.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-ray for the lumbar spine - 4 views: 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).

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

Decision rationale: Regarding request for lumbar spine x-ray, ACOEM 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 had substantial imaging already provided in the form of MRIs. These were done on 8/15/12, 10/17/13, and 3/3/15. It is unclear how an x-ray would benefit the diagnostic picture given that MRI is more detailed. This is not a requesting for dynamic x-rays. There is no statement indicating how the patient's symptoms or findings have changed since the time of the most recent imaging. In the absence of clarity regarding those issues, the currently requested lumbar x-ray is not medically necessary.