

Case Number:	CM15-0081107		
Date Assigned:	05/01/2015	Date of Injury:	08/08/2008
Decision Date:	06/08/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	04/28/2015

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 52 year old male with an industrial injury dated 8/08/2008. The injured worker's diagnoses include unstable lumbar spine status post lumbar fusion and status post left knee scope. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. In a progress note dated 4/09/2015, the injured worker reported hip soreness and improvement with low back pain rated a 0/10. Objective findings revealed no motor or sensory deficit and loss of range of motion, well healed scar and minimal pain. The treating physician prescribed X-rays 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-rays of the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): Algorithm 12-5.

Decision rationale: The MTUS/ACOEM Guidelines comment on the management of patients who have undergone surgery for their back condition. Algorithm 12-5 describes the further management of occupational low back complaints for patients who are post surgical procedure. Further imaging and testing is based on the occurrence of red flag symptoms. In the medical records the following was stated by the treating physician: "Patient with no motor or sensory deficits, well-healed scar and very little pain." Under these conditions there is insufficient medical justification to warrant re-imaging of this patient's lumbar spine. For this reason, X-rays of the lumbar spine are not medically necessary.