

Case Number:	CM15-0083546		
Date Assigned:	05/05/2015	Date of Injury:	04/05/2010
Decision Date:	06/12/2015	UR Denial Date:	04/03/2015
Priority:	Standard	Application Received:	04/30/2015

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: Internal 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:

This is a 64 year old male with an April 5, 2010 date of injury. At the time (March 17, 2015) of the most recent evaluation submitted for review, there is documentation of subjective findings (lower back pain; bilateral buttock pain with numbness, tingling, and cramping; symptoms unchanged) and current diagnoses (disc protrusions; status post lumbar spine microdiscectomy in 2012). Objective findings were not documented. Treatments to date included electromyogram /nerve conduction velocity studies (findings not included in medical record), home exercise, magnetic resonance imaging of the lumbar spine (findings not documented), modified work duties, and medications (including Tramadol and Naproxen).The treating physician documented a plan of care that included x-rays 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-rays for the lumbar spine-a/p (anteroposterior)/lateral, flexion, extension: 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): 303-304, 308-310.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses imaging studies. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints indicates that relying solely on imaging studies to evaluate the source of low back and related symptoms carries a significant risk of diagnostic confusion (false-positive test results). Lumbar spine x rays should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology. Imaging studies should be reserved for cases in which surgery is considered or red-flag diagnoses are being evaluated. Table 12-8 Summary of Recommendations for Evaluating and Managing Low Back Complaints (Page 308-310) indicates that radiographs of the lumbosacral spine are recommended when red flags for fracture, cancer, or infection are present. Imaging tests in the absence of red flags are not recommended. The medical records document a history of lumbar disc protrusion, status post lumbar microdiscectomy at L4-L5 level in 2012. MRI magnetic resonance imaging of the lumbar spine dated 7/1/14 demonstrated a 3-millimeter protrusion. The primary treating physician's progress report dated 1/20/15 documented that physical examination was "unchanged." No physical examination findings were documented. The primary treating physician's progress report dated 2/24/15 documented that physical examination was "unchanged." No physical examination findings were documented. The primary treating physician's progress report dated 3/17/15 documented that physical examination was "unchanged." No physical examination findings were documented. No rationale for the request for X-rays of the lumbar spine was documented. Without a documented physical examination, the request for lumbar spine X-rays is not supported. Therefore, the request for X-rays of the lumbar spine is not medically necessary.