

Case Number:	CM15-0083911		
Date Assigned:	05/06/2015	Date of Injury:	04/10/2001
Decision Date:	06/04/2015	UR Denial Date:	04/11/2015
Priority:	Standard	Application Received:	05/01/2015

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: Arizona, 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 64 year old female, who sustained an industrial injury on 04/10/2001. The injured worker is currently permanent and stationary with work restrictions. The injured worker is currently diagnosed as having lumbar sprain, chronic back pain, bilateral carpal tunnel syndrome, right lateral epicondylitis, and lumbar spine degenerative disc disease. Treatment and diagnostics to date has included electromyography/nerve conduction studies, lumbar spine x-ray, lumbar spine MRI, physical therapy, water aerobics, epidural injections, psychotherapy, and medications. In a progress note dated 03/31/2015, the injured worker presented with complaints of radiating pain from her low back. Objective findings include abnormal gait and bilateral upper extremity and lower extremity weakness. The treating physician reported requesting authorization for lumbar spine x-ray.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-Ray of lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Lumbar and Thoracic (Acute and Chronic), Radiography.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 309.

Decision rationale: In this case, the claimant had a prior MRI in 2002 and an x-ray on 2010 which showed facet and degenerative changes of L4-L5. According to the guidelines, an x-ray is indicated for red flag symptoms. Routine request without red flag findings such as infection, tumor, trauma, acute neurological findings, etc is not recommended. In this case, the claimant had prior imaging and a future MRI of the lumbar spine approved. There were no red flag findings. The request for an x-ray of the lumbar spine for instability is not medically necessary.