

Case Number:	CM15-0087868		
Date Assigned:	05/12/2015	Date of Injury:	10/22/2014
Decision Date:	06/11/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	05/07/2015

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: Connecticut, California, Virginia
 Certification(s)/Specialty: Preventive Medicine, Occupational 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:

The injured worker is a 52 year old male who sustained an industrial injury on 10/22/2014. His diagnoses, and/or impressions, are noted to include: acquired spondylolisthesis; lumbar spinal stenosis with neurogenic claudication; lumbar radiculitis; and peripheral neuritis. No current imaging studies are noted. His treatments have included physical therapy for the lumbar spine - effective short-term; chiropractic treatments for the low back - resulted in increased pain; electromyogram which noted mild left lumbar radiculopathy (2/4/15); medication management and modified work duties. Progress notes of 3/4/2015 reported an initial evaluation of the lumbar spine following the injury, with reports of a pain pattern that spans across the low back, with an occasional radiation into the lateral thigh that stops at the knee, associated with left lateral foot dysesthesia and burning pain; coccyx and midline axial pain; and radicular pain with no bowel or urine incontinence. The objective findings were noted to include limited lumbar range-of-motion; left-sided weakness; absent Achilles reflexes bilaterally; and decreased plantar and dorsal sensation of the left foot. The physician's requests for treatments were noted to include 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-ray of the lumbar spine 4 views: Upheld

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

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

Decision rationale: Per the guidelines, in the absence of red flags, x-rays are not indicated. Based on the recent provided reports, MRI has been obtained. There is no indication for concern warranting plain films to rule out specific pathology at this time in addition to previously obtained MRI imaging (indications would include evidence of acute trauma or concern for cancer, etc.). In this case, based on the provided documents and lack of evidence to support specific acute need for plain films in a patient with previous imaging studies, the request for x-rays is not medically necessary.