

Case Number:	CM14-0168319		
Date Assigned:	10/15/2014	Date of Injury:	11/28/2012
Decision Date:	11/18/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	10/13/2014

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. The expert reviewer is Board Certified in The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 36-year-old male with date of injury of 11/28/2012. The listed diagnoses per [REDACTED] from 08/19/2014 are: 1.Lumbosacral radiculopathy.2. Liiolumbar strain.3. Lumbosacral strain with lumbosacral degenerative disk disease. According to this report, the injured worker complains of low back pain. The injured worker received an epidural steroid injection, but it did not improve his symptoms. He was then referred to an orthopedic surgeon that suggested a discogram. His MRI cannot pinpoint the symptoms, which seemed to be multilevel disk protrusion, but the discogram can help him pinpoint the area. The examination shows the injured worker is alert, awake, in no acute distress, with a normal gait and balance. Lumbosacral spine shows active and passive range of motion are diffusely tender and guarded in all directions especially with forward bending and extension. Sitting slump test and SLR (straight leg raise) are still positive. The documents include an MRI of the lumbar spine from 01/08/2013. The utilization review denied the request on 09/12/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-ray of lower spine disk: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 303-305.

Decision rationale: This injured worker presents with low back pain. The provider is requesting an x-ray of the lower spine disk. The ACOEM Guidelines pages 303 to 305 states, "Lumbar spine x-ray should not be recommended in injured workers with low back in the absence of red flags for serious spinal pathology even if the pain has persisted or lasted 6 weeks. Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in injured workers who do not respond to treatment and who would consider surgery an option." The provider's requesting progress report was not made available for review. The records show an MRI of the lumbar spine from 01/08/2013 that showed moderate broad central and left paracentral disk protrusion at L3-L4, mild central disk protrusion at L4-L5 and mild right lateralizing disk protrusion at L5-S1. In this case, the injured worker already received an MRI of the lumbar spine from 01/08/2013 and further imaging studies is not recommended given that the injured worker does not report any new injury, trauma, or red flag symptoms. Therefore, this request is not medically necessary.