

Case Number:	CM14-0097961		
Date Assigned:	07/28/2014	Date of Injury:	08/29/2013
Decision Date:	10/23/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	06/26/2014

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 Neuromusculoskeletal Medicine and is licensed to practice in Arizona. 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:

This is a 38-year-old male who sustained a work related injury on 08/29/2013 as result of bending down to slide equipment buckets onto a backhoe when he felt a sharp, shocking electric pain in his back. Since then, he has complained of lower back with radicular pain. His pain is reported as stiff with intermittent numbness down the left leg and foot. Examination demonstrates tenderness in the left lumbar region with a positive straight leg raise at 70 degrees. A lumbar MRI dated 10/1/2013 identifies degenerative disc disease causing stenosis of L4-5 and L5-S1. An electromyography (EMG) performed on 5/30/2014 was found to demonstrate 'evidence of a mild acute L5 radiculopathy on the left'. In dispute is a decision for x-rays of the lumbar spine and pelvis.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-rays lumbar spine and pelvis complete: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.

Decision based on Non-MTUS Citation

http://www.acr.org/~media/ACR/Documents/PGTS/guidelines/Spine_Radiography.pdf

Decision rationale: Lumbar and Pelvic x-rays: Radiography of the spine is a proven and useful procedure for evaluating the vertebrae, disk spaces, facet and uncovertebral joints, neural foramina, and paravertebral soft tissues. This practice parameter outlines the principles for performing high-quality radiography of the cervical, thoracic, lumbar, sacral, and coccygeal spine, and related osseous and soft-tissue structures to the extent they are visualized with radiography. The goal of these radiographic examinations is to identify or exclude anatomic abnormalities or disease processes of the spine and related tissues. The examinations should be performed with the minimum radiation exposure necessary to produce a diagnostic study. In this case, the patient has had a lumbar MRI on 10/1/2013, a superior imaging study than plane radiography. There has been no interval history change, worsening of condition or new injury / trauma documented to warrant an imaging study on the most recently documented PR-2's. This request is not medically necessary.