

Case Number:	CM15-0013425		
Date Assigned:	02/02/2015	Date of Injury:	06/02/2011
Decision Date:	04/14/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/23/2015

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: 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 56 year old male with an industrial injury dated 06/02/2011. He experienced lower back, left shoulder, right knee/leg and left knee/leg problems due to an on the job injury as a result of repetitive work activities. He presents on 12/08/2014 with right knee/leg pain, lower back pain and left shoulder pain. Physical exam revealed diffuse tenderness in the lumbar area and bilateral knees. Prior treatments include acupuncture, diagnostics, physical modalities, TENS and "injection treatment" and medications. Diagnosis includes lumbar spine disc rupture, right knee strain, left knee strain and left shoulder strain. On 12/30/2014 the request for x-ray of the lumbar spine was non-certified by utilization review. MTUS/ACOEM was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-Ray Lumbar Spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, 304.

Decision rationale: The MTUS Guidelines do not recommend the use of lumbar spine x-rays in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least six weeks. However, it may be appropriate with the physician believes it would be aid in patient management. Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings such as disk bulges that are not the source of painful symptoms and do not warrant surgery. The requesting physician explains that the injured worker has last had x-rays of the lower back over three months ago and last had MRI of the lower back over one year ago. The injured worker is reported to feeling worse, but there are no new injuries, symptoms, or examination findings reported. Medical necessity of this request has not been established within the recommendations of the MTUS Guidelines. The request for X-Ray Lumbar Spine is determined to not be medically necessary.