

Case Number:	CM15-0110405		
Date Assigned:	06/17/2015	Date of Injury:	09/17/2012
Decision Date:	07/15/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/08/2015

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: North Carolina
 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 47 year old male who reported an industrial injury on 9/17/2012. His diagnoses, and/or impressions, are noted to include: abdominal hernia, repaired; lumbar disc protrusion with herniated lumbar disc; low back pain with radiculopathy; lumbar collapse with lateral scoliosis, severe modic changes and mild retrolisthesis; lumbar desiccation; rule-out sacroiliac joint fracture; and high sacral angle or pelvic incidence. Electrodiagnostic studies, with normal results, were noted to have been done on 11/18/2014; no current imaging studies are noted. His treatments have included a qualified medical examination on 11/18/2014; physical therapy (4/2014); medication management; and modified work duties before the termination of his job. The progress notes of 4/27/2015 noted an evaluation for lumbar collapse and desiccation/severe modic changes, with lumbar fissuring, and complaints of moderate lumbar/back and leg pain with twice-a-month flare-up of severe pain; as well as neck pain with upper extremity numbness which had not been worked-up yet. Objective findings were noted to include no apparent distress; neck spasms with guarding, loss of lordosis and diminished range-of-motion; absent ankle reflexes, decreased left > right hip and knee flexion and extension; dysesthesia in the left groin and thigh; positive straight leg raise; diminished left knee bending and heel-to-toe walking; and a broad-based gait. The physician's requests for treatments were noted to include lumbar spine x-rays.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumber X-Ray 5 view flexion and extension: 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.

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

Decision rationale: The ACOEM chapter on low back pain and radiographs states: Lumbar spine x rays should not be recommended 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 when the physician believes it would aid in patient management. There are no red flags in the provided clinical documentation for review. Therefore the request is not medically necessary.