

Case Number:	CM15-0126138		
Date Assigned:	07/10/2015	Date of Injury:	04/27/2010
Decision Date:	08/11/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/30/2015

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: 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 (n) 59 year old male, who sustained an industrial injury on 4/27/10. He reported injury to his neck and lower back after a fall off a ladder. The injured worker was diagnosed as having chronic pain syndrome, cervical spondylosis, chronic sacroiliac joint pain, lumbar disc degeneration and cervical degenerative joint disease. Treatment to date has included lumbar fusion, spinal cord stimulator physical therapy, a left C4 selective nerve root block on 5/19/15, sacroiliac joint injections on 3/9/15 and Oxycodone. As of the PR2 dated 5/12/15, the injured worker reports pain in his sacroiliac joints, up his back and into his neck. He rates his pain a 5/10 with medications. The treating physician requested an x-ray of lumbar spine AP/both oblique /lateral. The injured worker has been authorized a referral to neurosurgeon. Due to the spinal cord stimulator, the injured worker is not able to have an MRI. An X-ray is required for a referral to the neurosurgeon.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-ray of lumbar spine AP/both oblique lateral: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: According to the ACOEM guidelines, 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. The injured worker has been authorized a referral to neurosurgeon. Due to the spinal cord stimulator, the injured worker is not able to have an MRI. An X-ray is required for a referral to the neurosurgeon. The request for X-ray of lumbar spine AP/both oblique lateral is medically necessary and appropriate to evaluate the current status of the injured worker's lumbar spine status post fusion. The request for X-ray of lumbar spine AP/both oblique lateral is medically necessary and appropriate.