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| Case Number: | CM15-0026563 | | |
| Date Assigned: | 02/18/2015 | Date of Injury: | 11/19/2001 |
| Decision Date: | 04/03/2015 | UR Denial Date: | 01/23/2015 |
| Priority: | Standard | Application Received: | 02/11/2015 |

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 53 year old female, who sustained an industrial injury on 11/19/2001. On provider visit dated 01/12/2015 the injured worker has reported not starting physical therapy yet as she is 3 months status post laminectomy. The diagnoses have included post laminectomy syndrome lumbar region, thoracic/lumbosacral neuritis, spinal stenosis, lumbar and kyphoscoliosis and scoliosis. Treatment to date has included pain management. An x-ray was performed during office visit which revealed a stable fusion L2-L3 and L3-L4. On 01/23/2015 Utilization Review non-certified X-ray of the Lumbar Spine with Anterior-Posterior, Lateral, Flexion and Extension Views. The CA MTUS, ACOEM, Chronic Pain Medical Treatment Guidelines and were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-ray of the Lumbar Spine with Anterior-Posterior, Lateral, Flexion and Extension Views:
 Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment for Workers' Compensation Online Edition Chapter Low Back.

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

Decision rationale: According to MTUS guidelines, x ray of the lumbar spine is indicated in case of disc protrusion, post laminectomy syndrome, spinal stenosis and equina syndrome. There is no red flags pointing toward one of the above diagnosis or a serious spine pathology. The patient developed a back injury without any documentation of focal neurological examination. Therefore the request of X-ray of the Lumbar Spine with Anterior-Posterior, Lateral, Flexion and Extension Views is not medically necessary.