

Case Number:	CM15-0061599		
Date Assigned:	04/07/2015	Date of Injury:	07/03/2014
Decision Date:	05/06/2015	UR Denial Date:	03/07/2015
Priority:	Standard	Application Received:	04/01/2015

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 45 year old male, who sustained an industrial injury on July 3, 2014. The mechanism of injury is unknown. The injured worker was diagnosed as having cervical myospasm, thoracic myospasm, lumbar myospasm and right shoulder teninosis. Treatment to date has included diagnostic studies, physical therapy, exercises and medication. On January 20, 2015, the injured worker complained of low back pain. The notes were lacking any further subjective complaints. Objective findings were noted to be unchanged. The treatment plan included and MRI, psych appointment for depression and a follow-up visit.

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: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
 Page(s): 301.

Decision rationale: The ACOEM chapter on low back complaints and x-rays 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 physician believes it would aid in patient management. In this case, the patient has already had a lumbar MRI in 01/2015. There are no new red flag signs or evidence of serious spinal pathology on exam. Therefore, the request is not certified or medically necessary.