MAXIMUS Federal Services

Case Number:	CM15-0074084		
Date Assigned:	04/24/2015	Date of Injury:	12/21/1998
Decision Date:	05/22/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	04/17/2015

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: Emergency 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 51 year old female, who sustained an industrial injury on 12/21/1988. Diagnoses have included unspecified thoracic or lumbosacral neuritis or radiculitis, myalgia and myositis unspecified, chronic pain due to trauma, chronic lumbar degenerative disc disease, chronic muscle spasms, sacroiliitis and coccydynia. Treatment to date has included magnetic resonance imaging (MRI), ganglion impar injection and medication. According to the progress report dated 3/17/2015, the injured worker complained of low back pain radiating to the left and right ankle, left and right calf, left and right foot and left and right thigh. She reported her pain without medications as 10/10 and with medications as 6/10. Exam of the lumbar spine revealed tenderness and moderate pain with motion. Authorization was requested for x-rays of the lumbar spine, bending, four views.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-rays of the lumbar spine,ending 4 views: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic(Acute & Chronic), Radiography (x-rays).

Decision rationale: The requested X-rays of the lumbar spine, ending 4 views, is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 12, Low Back Complaints, Special Studies and Diagnostic and Treatment Considerations, Page 303 note 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; and Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic), Radiography (x-rays) note Radiography (x-rays) - Not recommend routine x-rays in the absence of red flags. The injured worker has low back pain radiating to the left and right ankle, left and right calf, left and right foot and left and right thigh. She reported her pain without medications as 10/10 and with medications as 6/10. Exam of the lumbar spine revealed tenderness and moderate pain with motion. The treating physician has not documented applicable red flag conditions. The criteria noted above not having been met, X-rays of the lumbar spine, ending 4 views is not medically necessary.