

Case Number:	CM15-0091381		
Date Assigned:	05/15/2015	Date of Injury:	06/26/2014
Decision Date:	06/24/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	05/12/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 34 year old male who sustained an industrial injury on 6/26/14. The injured worker was diagnosed as having lumbar spine disc bulges. Currently, the injured worker was with complaints of lower back pain. Previous treatments included medication management and activity modification. Previous diagnostic studies included a magnetic resonance imaging revealing lumbar spondylosis L3-L4, L4-L5, and L5-S1 and posterior disc protrusion at L5-S1. The plan of care was for a lumbar spine x-ray.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-ray lumbar spine: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (Acute & Chronic), Radiography (x-rays).

Decision rationale: The claimant sustained a work-related injury in June 2014 and continues to be treated for low back pain. An MRI of the lumbar spine was done in October 2014. When seen, the requesting provider documents that there had been no new injury. The claimant's condition had not changed. Applicable criteria for obtaining a lumbar spine x-ray are trauma or if there are 'red flags' such as suspicion of cancer or infection. In this case, there is no identified acute injury or 'red flag' and therefore the lumbar spine x-ray is not medically necessary.