

Case Number:	CM15-0098270		
Date Assigned:	05/29/2015	Date of Injury:	07/14/1998
Decision Date:	07/08/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	05/21/2015

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

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 66 year old female with an industrial injury dated 01/14/1994. Her diagnoses/assessment included history of lumbar laminectomy and fusion, post laminectomy syndrome, lumbar spine, sympathetically mediated pain syndrome, left lower extremity and bilateral lower extremity pain secondary to post laminectomy syndrome. Prior treatment included selective blocks of the bilateral lumbar 4-5 levels. She presents on 02/12/2015 post selective nerve root blocks of bilateral lumbar 4 and lumbar 5. She had significant improvement of pain down both legs with the procedure (greater than 50%). The provider documented the injured worker had not taken any pain medications since the procedure and is functionally improved as well. Progress note dated 02/19 from orthopedics states "her symptoms sound more like a fasciitis and some discomfort coming from the greater trochanter on the left side than it does coming from her back". The above records and a record dated 02/02/2015 documenting the selective nerve root block procedure are the only records submitted. On 04/28/2015, a treatment plan included follow up appointment, standing AP and lateral, supine obliques of lumbar spine and AP and frog leg view of pelvis. The request is for supine obliques of lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Supine obliques of 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 ODG Low Back Radiography.

Decision rationale: The patient presents with pain affecting the lumbar spine. The current request is for Supine Obliques of lumbar spine. The treating physician states in the report dated 4/28/15, "Supine obliques of lumbar spine." (12B) The ODG guidelines state, "Not recommend routine x-rays in the absence of red flags." In this case, the treating physician has documented that the patient recently had a radiograph performed on 2/2/15 (11B) and there are not any recent flare-ups or "red flags" that would indicate a new radiograph would be required. There is no discussion of why oblique radiographs are required and there is no discussion regarding potential pars defects. The current request is not medically necessary.