

Case Number:	CM15-0098621		
Date Assigned:	06/01/2015	Date of Injury:	11/17/2006
Decision Date:	07/07/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	05/22/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 43-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of November 17, 2006. In a Utilization Review report dated May 15, 2015, the claims administrator failed to approve a request for lumbar spine x-rays. The claims administrator referenced a RFA form received on May 11, 2015 and associated progress note of April 29, 2015 in its determination. The applicant's attorney subsequently appealed. In a progress note dated April 17, 2015, the applicant reported ongoing complaints of low back pain. The applicant was using Norco for the same, it was reported. It was suggested that the applicant was working full time as heating ventilation-air conditioning employee, despite ongoing pain complaints. It was suggested that the Norco was effectively attenuating the applicant's pain complaints. The progress was handwritten, thinly developed, difficult to follow, and not all together legible. The applicant was working on a full-time basis, at a rate of 40 hours a week, it was reported, admittedly through printed checkboxes. On December 9, 2014, the applicant was again described as very stable. Residual radicular pain complaints were reported. The applicant was again described as working full duty as of that point in time. X-rays of the lumbar spine dated November 26, 2014 were notable for multilevel wedge deformities, multilevel grade I anterolisthesis, and multilevel facet sclerosis. Lumbar MRI imaging dated November 27, 2014 was also notable for moderate-to-severe neuroforaminal narrowing at the L5-S1 level, multilevel disk bulges, and multilevel retrolisthesis with artifact from the disk fusion at the L4-L5 level.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Spine X-Rays (4 Views): 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): 309.

Decision rationale: No, the request for x-ray of the lumbar spine was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM 12, Table 12-8, page 309, the routine usage of radiographs of the lumbar spine in the absence of red flag signs or symptoms is deemed "not recommend." Here, progress notes of April 5, 2015, February 4, 2015, and December 9, 2014 all suggested that the applicant was relatively stable, and tolerating full time, regular duty work at a rate of 40 hours a week. The attending provider's handwritten progress note did not clearly state or clearly establish why x-ray testing was being sought, particularly in light of the that the applicant already had earlier plain film and MRI imaging of the lumbar spine on November 26, 2014. It was not clearly stated what was sought. It was not clearly stated what was suspected. The attending provider's handwritten progress notes did not set forth a clear or compelling case for the request at hand. Therefore, the request was not medically necessary.