

Case Number:	CM14-0103412		
Date Assigned:	07/30/2014	Date of Injury:	03/26/2009
Decision Date:	09/29/2014	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	07/03/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 records, presented for review, indicate that this 72-year-old individual was reportedly injured on March 26, 2009. The mechanism of injury was listed in these records reviewed. The most recent progress note, dated June 23, 2014, indicated that there were ongoing complaints of low back pain. The physical examination demonstrated a 5'3", 158 pound individual who was borderline hypertensive (133/70). The lumbar spine noted a moderately reduced range of motion, with no evidence of muscle spasm or atrophy. Straight leg raising was negative bilaterally. There were no neurological findings identified in the bilateral lower extremities. Deep tendon reflexes were noted to be 2+ at the knee and ankle. A normal gait pattern was reported. Diagnostic imaging studies were not presented. Previous treatment included physical therapy and medications. A request had been made for radiographs of the lumbar spine and was not certified in the pre-authorization process on June 20, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

PA/LAT (Posterior anterior/Lateral) Standing Full Spine X-Ray: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental

Medicine (ACOEM), 2nd Edition, (2004) Cervical/Thoracic Spine Disorders, Clinical Measures; Diagnostic Investigations-(Electronically Cited).

Decision rationale: When considering the date of injury, the injury sustained, the long-term treatment and no historical indication of any acute trauma, there is no clinical indication to perform work on plain films in the chronic phase. There are no red flags noted other than the injured worker is over 65 years. There is normal motor function, sensory function, range of motion and lower extremity function. In that, there are no red flags or neurologic deficits identified and therefore, the request of PA/LAT (Posterior anterior/Lateral) Standing Full Spine X-Ray is not medically necessary and appropriate.