

Case Number:	CM14-0154860		
Date Assigned:	09/24/2014	Date of Injury:	10/14/2009
Decision Date:	11/06/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	09/22/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 patient is a 43-year-old female who has submitted a claim for lumbar disc displacement associated with an industrial injury date of 10/14/2009. Medical records from 2014 were reviewed. The patient complained of back pain described as aching, stabbing and burning with a "pins and needles" sensation. Physical examination revealed pain upon palpation of the lumbar spine, with palpable spasms. Range of motion is also limited. Straight leg raising test is positive on the right side. Pain radiates to the right leg on extension. There is normal strength and intact sensation. Treatment to date has included oral medications, physical therapy and epidural steroid injections. Utilization review from 09/09/2014 denied the request for X-ray of the lumbar spine. The medical information submitted did not indicate any presence of progressive neurologic deficits to warrant the medical necessity of imaging modality.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-Ray of the Lumbar Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation, Online Edition, Chapter: Low Back - Lumbar & Thoracic, Radiography (x-rays),

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

Decision rationale: The CA MTUS ACOEM states that 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. However, it may be appropriate when the physician believes it would aid in patient management. In this case, patient complained of chronic low back pain. However, medical records submitted for review failed to document comprehensive examination pertaining to progressive lumbar spine injury. There is no worsening of subjective complaints and objective findings that may warrant further investigation by utilizing x-ray. No new trauma or injury was documented. Therefore, request for x-ray of the lumbar spine is not medically necessary.