

Case Number:	CM16-0242667		
Date Assigned:	12/22/2016	Date of Injury:	10/15/2016
Decision Date:	01/26/2017	UR Denial Date:	12/02/2016
Priority:	Standard	Application Received:	12/19/2016

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

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 injured worker is a 41 year old female who sustained an industrial injury on 10-15-2016. According to a partially legible handwritten progress report dated 11-14-2016, symptoms included low back pain, piriformis pain on the right and IT band pain, continued despite Ibuprofen three times a day and right IT steroid shot. The injured worker had not started physical therapy yet. Objective findings included tenderness to palpation. Diagnoses included piriformis syndrome, lumbar strain and right IT band pain. The provider noted negative hip and lumbar x-ray under the treatment plan. Medications included Naproxen and Medrol dose pak. Physical therapy was also being requested. Work status included modified work. An authorization request dated 11-14-2016 was included in the medical records and included the request for physical therapy and lumbar x-ray. On 12-02-2016, Utilization Review non-certified the request for x-ray of the lumbar spine.

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: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Radiography (x-rays).

MAXIMUS guideline: The Expert Reviewer based their decision on recommendation(s) outside of the MTUS Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back chapter/ x-ray.

Decision rationale: According to ODG guidelines (CA MTUS is silent), lumbar x-ray is indicated after lumbar trauma when there is suspicious of fracture or for uncomplicated lower back pain in at risk patients such as osteoporotic patients or elderly patients. From the provided records it appears that a lumbar x-ray was obtained following the injury and was negative. However it is not clear what the clinical indication is for repeat lumbar x-ray at this point. Consequently repeat plain film x-ray of the lumbar spine is not medically necessary.