Case Number:	CM13-0025883		
Date Assigned:	11/20/2013	**Date of Injury:**	08/01/2012
Decision Date:	02/21/2014	**UR Denial Date:**	08/30/2013
Priority:	Standard	**Application Received:**	09/18/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice and is licensed to practice in Texas. 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 physician 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 41-year-old male who reported a work-related injury on 08/01/2012, as a result of repetitive motion. The patient presents for treatment of the following diagnoses: lumbar disc disease, lumbar radiculopathy, right sacroiliac joint arthropathy, lumbar facet pain, and right piriformis syndrome. Since the date of injury, the patient has undergone multiple X-rays of the lumbar spine and 2 MRIs of the lumbar spine, as well as electrodiagnostic studies of the bilateral lower extremities. The most recent MRI of the lumbar spine submitted for review is dated from 05/2013. It revealed L3-4 disc level showed a posterior disc protrusion of the nucleus pulposus. At the L4-5 disc level, there was degenerative dehiscence with a 1.5 mm central disc protrusion of the nucleus pulposus. An electrodiagnostic study of the bilateral lower extremities dated 7/11/2013 does not provide a full report of the study. The clinical note dated 08/21/2013 reports the patient was seen under the care of [redacted]. The provider documents, upon physical exam of the patient, the patient ambulates with an antalgic gait to the right. Tenderness was noted upon palpation of the lumbar paraspinous muscles. The provider documented positive right-sided piriformis tenderness, piriformis stress, sacroiliac tenderness, Fabere's testing, sacroiliac thrust testing, and Yeoman's testing. Additionally, the provider documented a positive straight leg raise to the right. The provider reported low back pain both with seated straight leg raise and supine straight leg raise to the right. Range of motion of the lumbar spine was at 20 degrees of bilateral lateral bend, 60 degrees flexion, and 10 degrees extension. The patient had 5/5 motor strength noted throughout, 2+ reflexes, and subjective decreased sensation at the L5 dermatome

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 ACOEM Chapter 12 Low Back Complaints Page(s): 303.

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

Decision rationale: The current request is not supported. The clinical documentation submitted for review fails to evidence a significant change in this patient's condition to support further imaging of the lumbar spine at this point in the patient's treatment. The patient has undergone multiple imaging studies of the lumbar spine in the time since his work-related injury. California MTUS indicates lumbar spine x-rays are not 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 6 weeks. Given that the patient has already undergone 2 MRIs of the lumbar spine, multiple X-rays of the lumbar spine, and electrodiagnostic studies, the request for X-ray of the lumbar spine is not medically necessary or appropriate.