

<b>Case Number:</b>	CM13-0038611		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	08/16/2012
<b>Decision Date:</b>	01/31/2014	<b>UR Denial Date:</b>	09/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/25/2013

### 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 Occupational Medicine and is licensed to practice in California. 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 employee filed a claim for chronic low back pain reportedly associated with an industrial injury of August 16, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; prior lumbar MRI imaging of October 4, 2012, notable for 5 and 6-mm disk protrusions/herniations at L4-L5 and L5-S1; unspecified amounts of physical therapy over the life of the claim; and extensive periods of time off of work. It is further noted that the applicant has alleged derivative psychological stress and an inguinal hernia. In a Utilization Review Report of September 23, 2013, the claims administrator denied a request for plain films of the lumbar spine. The applicant's attorney later appealed. An earlier note of September 3, 2013 is notable for comments that the applicant is on Vicodin and Flexeril for pain relief. The applicant reports persistent low back pain. The applicant apparently has an inguinal hernia, stress, and persistent low back pain. He exhibits an antalgic gait requiring usage of a cane. He has 5/5 lower extremity strength with hypoesthesias noted at L5 on the right. An inguinal hernia and psychiatry consultation are sought. The applicant is placed off of work, on total temporary disability.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**X-rays, 2 views of lumbar spine:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**Decision rationale:** As noted in the MTUS-adopted ACOEM guidelines in Chapter 12 Table 12-8, radiographs of the lumbar spine can be sought if there are red flags for a fracture, infection, and/or cancer present. In this case, however, there is no clearly voiced suspicion of fracture, tumor, and/or infection for which plain film radiographs of the lumbar spine would be indicated. The attending provider has not furnished any compelling rationale to the request for authorization for the plain film imaging of the lumbar spine. It is not clear why lumbar MRI imaging has been sought, particularly when the applicant has already had seemingly diagnostic lumbar MRI imaging. As further noted by ACOEM, routine usage of lumbar spine x-rays in the absence of red flags is "not recommended." Therefore, the request remains not certified, on Independent Medical Review.