

<b>Case Number:</b>	CM13-0042262		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	06/17/2013
<b>Decision Date:</b>	05/06/2014	<b>UR Denial Date:</b>	09/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2013

### 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 Orthopedic Surgery 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 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:

This is a 36-year-old gentleman injured in a work-related accident on June 17, 2013. Specific to the claimant's low back, there is documentation of an August 16, 2013 assessment indicating ongoing complaints of pain about the low back and the neck. Specific to the low back, there is radiating pain to the left lower extremity. Physical examination findings that date showed restricted range of motion at endpoints, tenderness to palpation with weakness to the left lower extremity to the hip, knee, and ankle assessment at 4/5. There is also diminished sensation at L4 through S1 on the left with pinprick. The claimant's working diagnosis is that of a lumbar strain. There is documentation that an initial course of care included emergency room assessment for which radiographs of the neck, low back, and left shoulder were obtained and noted to be normal. There is a current request given the claimant's ongoing complaints of pain for continued lumbar radiographs. Recent treatment is also not formally documented.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETROSPECTIVE REQUEST FOR X-RAY OF THE LUMBAR SPINE:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Radiography

**Decision rationale:** CA MTUS 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. When looking at Official Disability Guideline criteria, further plain film radiographs in this instance would not be indicated. If the claimant continues to be symptomatic with neurologic findings on examination, further imaging in the form of an MRI scan at this stage in the course of care would be more appropriate. The claimant is already noted to be with documented normal plain film radiographs from a June 2013 date of injury. It would be unclear as to what further would be established by plain film radiographs in this individual with clear documentation of radiculopathy.