

<b>Case Number:</b>	CM13-0056583		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	11/28/2012
<b>Decision Date:</b>	03/31/2014	<b>UR Denial Date:</b>	11/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/22/2013

### 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 51-year-old male who reported an injury on 06/28/2012. The patient was reportedly driving a forklift as he made a sharp left turn causing severe pain to the left lower extremity. The patient also reported lower back pain as a result of repetitive heavy lifting. The patient is diagnosed with rule out left inguinal hernia, lumbar spine sprain, left knee sprain, and left ankle sprain. The patient was seen by [REDACTED] on 11/08/2013. The patient reported left knee pain as well as lower back and left ankle pain. The physical examination was not provided on that date. The treatment recommendations included flexion and extension x-rays to the thoracic and lumbar spine as well as an MRI of the thoracic and lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexion/Extension x-ray of thoracic and lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 303.

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

**Decision rationale:** The California MTUS/ACOEM Practice Guidelines state 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 6 weeks. As per the

documentation submitted, there was no physical examination on the requesting date of 11/08/2013. Therefore, there is no evidence of red flags for serious spinal pathology. There is no documentation of an exhaustion of conservative treatment. Based on the clinical information received, the request is non-certified.