Case Number:	CM13-0067444		
Date Assigned:	01/03/2014	**Date of Injury:**	02/05/2013
Decision Date:	05/21/2014	**UR Denial Date:**	12/03/2013
Priority:	Standard	**Application Received:**	12/18/2013

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 Family 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 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 injured worker's date of injury was 02/05/2013. The patient's treating physician is treating him for the problem of chronic low back pain. The patient's diagnoses include: thoracic or lumbosacral neuritis or radiculitis, unspecified, lumbar strain and thoracic sprain. The patient had epidural injections at L5-S1 on 11/04/'13. On 11/26/'13 the patient had an MRI of the thoracic and lumbar spines with flex-ext (flexion and extension). This study revealed normal spinal cord appearance and a wedge compression of L5. There was straightening of the lordotic curvature. The patient also had an MRI of the thoracic spine with flexion-extension. This showed a wedge deformity of T7 and some stenosis of the thoracic spinal canal. The patient's treating physician in his note dated 11/9/'13 recorded a normal heel-toe walk, a positive Levine's sign, a positive Nachla test and limited extension, lateral flexion, and rightward rotation. He requested x-rays 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:

X-RAYS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation College of Physicians.

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

Decision rationale: Given the patient's recent MRI's of the thoracic and lumbar spine both with extension and extension images, and in the absence of clinical "red flags," there is no clinical basis for plain film imaging of the thoracic and lumbar spine regions. The request for x-rays of the thoracic and lumbar regions is non-certified. 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. Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminate imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computer tomography [CT] for bony structures).