

<b>Case Number:</b>	CM13-0070705		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	10/23/2012
<b>Decision Date:</b>	03/24/2014	<b>UR Denial Date:</b>	12/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/26/2013

### 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:

According to the records made available for review, this is a 38-year-old female with a 10/23/12 date of injury. The request is for authorization for Lumbar X-ray. There is documentation of subjective findings of upper and low back pain. There are objective findings of restricted range of motion in the lumbosacral spine. The current diagnoses are head injury with cerebral concussion, post-concussion syndrome with frequent headaches and mood disorder and musculoligamentous sprain, cervical spine). The treatment to date is medications. There is no documentation of a condition/diagnosis with supportive subjective/objective findings for which lumbar x-rays is indicated.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar x-ray:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Radiography (x-rays)

**Decision rationale:** The California MTUS reference to ACOEM identifies documentation of red flag diagnoses where plain film radiographs are negative; unequivocal objective findings that identify specific nerve compromise on the neurologic examination, failure of conservative treatment; and when patient is being considered for surgery, as criteria necessary to support the medical necessity of imaging for lumbar spine. The ODG identifies documentation of a condition/diagnosis with supportive subjective/objective findings for which lumbar x-rays is indicated such as lumbar spine trauma, uncomplicated low back pain and myelopathy as criteria necessary to support the medical necessity of lumbar x-rays. Within the medical information available for review, there is documentation of diagnoses of head injury with cerebral concussion, post-concussion syndrome with frequent headaches and mood disorder and musculoligamentous sprain, cervical spine. However, there is no documentation of a condition/diagnosis for which lumbar x-rays is indicated. Therefore, based on guidelines and a review of the evidence, the request for Lumbar X-ray is not medically necessary.