

<b>Case Number:</b>	CM14-0002317		
<b>Date Assigned:</b>	01/29/2014	<b>Date of Injury:</b>	02/09/2009
<b>Decision Date:</b>	06/19/2014	<b>UR Denial Date:</b>	12/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/07/2014

### 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 Physical Medicine and Rehabilitation, 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:

The injured worker is a 46-year-old male who reported an injury on 2/9/09, secondary to a fall. Current diagnoses include lumbar post-laminectomy syndrome, unspecified major depression, generalized anxiety disorder, and lumbar disc displacement without myelopathy. The injured worker was evaluated on 12/20/13. The injured worker reported increasing lower back pain. The injured worker underwent an MRI of the lumbar and thoracic spine on 6/17/13, which indicated a solid interbody fusion at L4-S1 without evidence of disc herniation or central/foraminal stenosis. Physical examination revealed no acute distress and focal point tenderness at T10-11.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**X-RAY OF THE THORACIC SPINE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, CHAPTER 8, 177-178, 182.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM), 2ND EDITION, (2004), (2004) LOW BACK COMPLAINTS. IN. HARRIS J (ED), OCCUPATIONAL MEDICINE PRACTICE GUIDELINES, 2ND EDITION (2004) , 303-305.

**Decision rationale:** The California MTUS/ACOEM Practice Guidelines state 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. There was no documentation of any red flags for serious spinal pathology upon physical examination. The injured worker only demonstrated tenderness to palpation at the T10-11 level. There was no evidence of a significant musculoskeletal or neurological abnormality. Additionally, the injured worker previously underwent an MRI of the thoracic spine on 6/17/13. As such, the request is not medically necessary.