

<b>Case Number:</b>	CM14-0154661		
<b>Date Assigned:</b>	09/24/2014	<b>Date of Injury:</b>	02/11/2012
<b>Decision Date:</b>	12/05/2014	<b>UR Denial Date:</b>	08/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2014

### 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 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 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:

According to the records made available for review, this is a 66-year-old male with a 2/11/12 date of injury, and status post laminectomy surgery secondary to multiple myeloma 10/3/13. At the time (8/29/14) of request for authorization for x-ray lumbar spine, there is documentation of subjective (low back pain rated 5/10) and objective (lumbar spine tenderness to palpation over the midline, positive straight leg raise at 40 degrees, and diminished sensation over the left-sided L4, L5, and S1 dermatomes; positive tenderness to light touch) findings, imaging findings (reported lumbar spine MRI (date undocumented) revealed L3-4 2 mm disc protrusion L4-5 1.5 mm disc protrusion, L5-S1 1.5 mm disc protrusion; report not available for review; reported EMG (date undocumented) revealed right L5 and left L4-5 lumbosacral radiculopathy; report not available for review), current diagnoses (lumbar spine disc protrusion and lumbar spine radiculopathy, phantom limb pain, rule out RSD), and treatment to date (medications, aquatic therapy and activity modification).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**X-ray Lumbar Spine:** Overturned

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

**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:** 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, do not respond to treatment, and who would consider surgery, as criteria necessary to support the medical necessity of imaging. ODG identifies documentation of lumbar spine trauma with pain, tenderness, neurological deficit, or seat belt (chance) fracture; uncomplicated low back pain with trauma, steroids, osteoporosis, and over 70 or suspicion of cancer or infection; myelopathy that is traumatic, painful, of sudden onset, or an infectious disease or oncology patient; or to evaluate the status of fusion, 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 lumbar spine disc protrusion and lumbar spine radiculopathy, phantom limb pain, rule out RSD. In addition, there is documentation of lumbar spine pain, tenderness, and neurological deficit. Therefore, based on guidelines and a review of the evidence, the request for x-ray lumbar spine is medically necessary.