

<b>Case Number:</b>	CM14-0154949		
<b>Date Assigned:</b>	09/25/2014	<b>Date of Injury:</b>	04/18/2007
<b>Decision Date:</b>	11/14/2014	<b>UR Denial Date:</b>	09/15/2014
<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 Physical Medicine and Rehabilitation and Pain Management, has a subspecialty in Interventional Spine 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 patient is a 46 years old male with an injury date on 04/16/2007. Based on the 09/05/2014 progress report provided by [REDACTED], the diagnoses are: 1. Failed back synd, lumb 2. Intervertebral disc D/o W/myelopathy Lumb Region 3. Radiculopathy, L/S 4. Instability, Sacroiliac 5. Sacrolitis. According to this report, the patient complains of back pain at 9/10; due to a fall couple weeks back. Pain is described as constant, aching, sharp, shooting, and burning in nature. The patient states he "fell because of giveaway weakness of his lower extremity...felt a pop between his spine and the pulse generator that is implanted in the left buttock subcutaneous tissue." Exam of the lumbar spine reveals tenderness over the left lumbar paravertebral regions and left sacroiliac joint. Range of motion is restricted due to pain. FABER test, pelvic compression test, straight leg raise and stork test are positive; since 06/13/2014 report. The pulse generator pocket appears intact. Patient's surgical history includes lumbar spine fusion; date and location of the fusion was not included in the file for review. There were no other significant findings noted on this report. The utilization review denied the request on 09/15/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 06/13/2014 to 09/15/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**X-ray of the lumbar spine AP and lateral views:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Thoracic (updated 8/22/14)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back chapter under Radiography

**Decision rationale:** According to the 09/05/2014 report by [REDACTED] this patient presents with back pain at 9/10; due to a fall couple weeks back. The treating physician is requesting X-ray of the lumbar spine AP and lateral view "to look for any fracture." The utilization review denial letter states "The spinal cord stimulator should first be evaluated and reprogrammed to see if better coverage should can be obtained. There is no documentation of reprogramming. This should first be attempted prior to diagnostic imaging." Regarding radiography of the lumbar spine, ODG states "Lumbar spine radiography 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." ODG further states indication for x-ray is considered when there Lumbar spine trauma; a serious bodily injury, neurological deficit, seat belt (chance) fracture or uncomplicated low back pain; trauma, steroids, osteoporosis, over 70, suspicion of cancer, and infection. Review of reports indicates the patient has a recent fall, pain is 9/10 with no new neurological exam findings. In this case, the treating physician has asked for X-rays to check on the spinal cord stimulator following the patient's fall. However, other than the general suspicion of what may have happened following fall, there are no specific concerns for fracture, malfunction of the stimulator, change in stimulation to consider an X-ray. The patient does not present any of other concerns addressed in ODG to consider X-rays either. The request is not medically necessary and appropriate.