

<b>Case Number:</b>	CM14-0160323		
<b>Date Assigned:</b>	10/06/2014	<b>Date of Injury:</b>	04/16/2007
<b>Decision Date:</b>	11/26/2014	<b>UR Denial Date:</b>	09/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2014

### 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 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 is a 46 year old male injured worker who sustained a work related injury on 5/16/2007. Injured worker sustained the injury in a fall. The current diagnoses include failed back syndrome, lumbar disc disorder without myelopathy, lumbosacral spine radiculopathy, and sacroiliitis. Per the doctor's note dated 9/05/14, injured worker has complaints of constant, aching, sharp, shooting and burning low back pain at 9/10. Physical examination revealed lumbar scar, tenderness in the left lumbar paravertebral regions, left sacroiliac joint, extension of the lumbar spine was positive for back pain, right lateral rotation of the lumbar spine was positive for back pain, left lateral rotation of the lumbar spine was positive for back pain, Faber test was positive, positive pelvic compression test and positive stork test, tenderness over the L4-L5 transverse processes on the left side, range of motion of the lumbosacral spine was restricted and straight leg raising test was positive on the left side. The medication lists include Omeprazole, Flomax, AndroGel, Ibuprofen, Viagra, Amitiza, Dilaudid, Hydrocodone, MS Contin, and Tizanidine. Diagnostic imaging reports were not specified in the records provided. The injured worker's surgical history includes lumbar spine fusion and a spinal cord stimulator. Any operative/ or procedure note was not specified in the records provided. He has had a urine drug toxicology report on 6/13/14 that was consistent. The injured worker has received an unspecified number of the physical therapy visits for this injury.

### 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:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 303-304; 177-178.

**Decision rationale:** Per the ACOEM guidelines cited below, regarding lumbar x-ray "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." A recent detailed examination related to the thoracic was not specified in the records provided. Any evidence of red flags or serious spinal pathology was not specified in the records provided. Any significant functional deficits of the thoracic region that would require X-rays of thoracic spine were not specified in the records provided. A trial and response to complete course of conservative therapy including physical therapy visits was not specified in the records provided. The medical necessity of the request for x-ray of the thoracic spine is not fully established; therefore, the request is not medically necessary.