

<b>Case Number:</b>	CM14-0170533		
<b>Date Assigned:</b>	10/20/2014	<b>Date of Injury:</b>	02/07/1963
<b>Decision Date:</b>	11/24/2014	<b>UR Denial Date:</b>	09/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2014

### 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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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 patient is a 78 year old male employee with date of injury of 2/7/1963. A review of the medical records indicates that the patient is undergoing treatment for right below knee amputation; right hip degenerative arthritis, low back pain due to degenerative disc disease (DDD) and facet joint arthropathy. Subjective complaints include pain in right hip and back areas. Objective findings (from 2000) include prosthetic leg, last prosthesis change was in 1997; tenderness in the right ileo lumbar area; pain with external and internal rotation of right hip; good range of motion; and developing degenerative arthritis. Treatment has included stretching exercises. Medications have included Gabapentin and Tramadol. The utilization review dated 9/22/2014 non-certified the request for lumbar x-ray 6 views.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar X-ray 6 views:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Radiography (x-rays)

**Decision rationale:** MTUS and ODG both agree 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." The medical notes provided did not document (on physical exam, objective testing, or subjective complaints) any red flags for serious spinal pathology or other findings suggestive of the pathologies outlined in the ODG guidelines. ODG additionally states that "it may be appropriate when the physician believes it would aid in patient management". The treating physician also does not indicate how the x-ray would "aid in patient management". ODG further specifies other indications for imaging with Plain X-rays: Thoracic spine trauma: severe trauma, pain, no neurological deficit Thoracic spine trauma: with neurological deficit Lumbar spine trauma (a serious bodily injury): pain, tenderness Lumbar spine trauma: trauma, neurological deficit Lumbar spine trauma: seat belt (chance) fracture Uncomplicated low back pain, trauma, steroids, osteoporosis, over 70 Uncomplicated low back pain, suspicion of cancer, infection Myelopathy (neurological deficit related to the spinal cord), traumatic Myelopathy, painful Myelopathy, sudden onset Myelopathy, infectious disease patient Myelopathy, oncology patient Post-surgery: evaluate status of fusion The treating physician does not indicate any concerns for the above ODG pathologies and provide evidence of red flags. The treating physician has not provided medical documentation to meet the above criteria at this time. As such, the request for Lumbar X-ray 6 views is not medically necessary.