

<b>Case Number:</b>	CM14-0172375		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	08/09/2013
<b>Decision Date:</b>	12/10/2014	<b>UR Denial Date:</b>	10/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/17/2014

### 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back and neck pain reportedly associated with an industrial injury of August 9, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; two prior epidural steroid injections; and eventual return to regular duty work. In a Utilization Review Report dated October 7, 2014, the claims administrator denied a request for x-rays of the lumbar spine, stating that there was no evidence of any red-flag conditions evident which would compel the study in question. The applicant's attorney subsequently appealed. In a September 17, 2014 progress note, the applicant apparently consulted a spine surgeon. The applicant was not working at this point in time, it was acknowledged. The applicant reported persistent complaints of low back pain radiating to the legs and posterior cervical spine pain. 4-5/5 lower extremity strength was noted with some hyposensorium noted about the same. 5/5 upper extremity strength was noted. The applicant was asked to obtain x-rays of the lumbar spine, x-rays of the cervical spine, an MRI of the thoracic spine, and an MRI of the cervical spine. The attending provider stated that he wanted to obtain imaging studies to rule out any myelopathy or spinal cord compression process. The applicant went on to receive an epidural steroid injection on September 9, 2014. In an October 1, 2014 progress note, the applicant was described as having improved by 80%. The applicant reported dramatic improvement, it was stated. The applicant stated that his pain scores had dropped to 2/10. 80% pain relief was noted. 5/5 lower extremity strength was appreciated. The applicant was in no acute distress. It was stated that the applicant could return for re-evaluation on an as-needed basis.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**X-rays (lumbar spine):** 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): Table 12-8, 309.

**Decision rationale:** As noted in the MTUS adopted ACOEM Guidelines in Chapter 12, Table 12-8, page 309, the routine usage of radiography/x-rays of the lumbar spine is "not recommended" if red flags are absent. Here, however, there was no clear evidence of any red-flag diagnoses evident which would compel the x-ray in question. The fact that x-rays of the lumbar spine were sought in conjunction with several other MRI studies and plain films of the cervical and thoracic spines, taken together, does imply that the x-rays in question were being performed for routine or evaluative purposes, with no clear intent of acting on the results of the same. It is further noted that the applicant went to report dramatic improvement approximately two weeks after the x-rays in question were requested. The applicant stated that his symptoms were improved by 80% and was asked to follow up on an as-needed basis, effectively obviating the need for the proposed x-ray studies of the lumbar spine. Therefore, the request is not medically necessary.