

<b>Case Number:</b>	CM14-0032377		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	02/18/2004
<b>Decision Date:</b>	08/05/2014	<b>UR Denial Date:</b>	02/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/14/2014

### 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 pain reportedly associated with an industrial injury of February 18, 2004. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; adjuvant medications; opioid therapy; earlier cervical spine surgery; and muscle relaxants. In a Utilization Review Report dated February 13, 2014, the claims administrator denied request for plain film x-rays of the lumbar spine. The utilization reviewer did refer to a progress note dated January 15, 2014 in its denial. This did not appear to have been incorporated into the Independent Medical Review packet, however. The applicant's attorney subsequently appealed. An April 13, 2014 progress note was notable for comments that the applicant carried a diagnosis of failed back syndrome about the cervical spine. The applicant was described as using Norco and tramadol. Medications were renewed. The applicant was asked to follow up in six weeks. In a request for authorization form dated July 1, 2013, MRI imaging of the lumbar spine was sought. Multiple progress notes interspersed throughout 2013 were notable for comments that the applicant was intent on pursuing cervical epidural steroid injection therapy.

### 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.:** 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): 309..

**Decision rationale:** As noted in the MTUS-Adopted ACOEM Guidelines in Chapter 12, Table 12-8, page 309, routine radiographs or x-rays of the lumbar spine are not recommended. No compelling case or argument was made for the study in question. There was no discussion or suspicion of issues related to fracture, cancer, infection, or other red flags which would compel lumbar spine radiographs. Again, it did not appear that the progress note in which the radiographs were requested was incorporated into the Independent Medical Review packet. Therefore, the request is not medically necessary.