

<b>Case Number:</b>	CM14-0039128		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	12/10/2010
<b>Decision Date:</b>	12/02/2014	<b>UR Denial Date:</b>	03/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/02/2014

### 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, has a subspecialty in Pain 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 injured worker is a 52-year-old female with an original date of injury on 12/10/2010. The mechanism of injury was repetitive motion relating to lifting boxes. The patient's industrially related diagnoses include lumbar sprain/strain, lumbar paraspinal muscle spasm / disc herniation, lumbar radiculitis, sacroilitis of left sacroiliac joint. The patient has attended physical therapy sessions from 11/2013 to 6/2014. The patient was taking oral medication Naproxen and Cyclobenzaprine with improvement of pain. The patient had x-rays of the lumbar spine flexion and extension views on 11/18/2013, which found minimal osteophyte formation at the anterior aspect of L1-L5, no fracture, and no vertebral instability. An unofficial MRI of the lumbar spine dated 2/3/2014 noted L5-S1 posterior annular tear, with 2mm midline disc protrusion with no central canal narrowing or neural abutment. The disputed issue is for x-rays of the lumbar spine AP, lateral, oblique, lateral flexion/extension views. A utilization review determination on 9/29/2014 had this request as not medically necessary. The stated rationale for the denial was guidelines indicate that the lumbar spine x-rays should not be recommended in-patient with lower back pain in the absence of red flags for serious spinal pathology. The lack of documentation between 2/3/2014 and 9/15/2014 indicating an increase in neurological or functional deficits and the lack of evidence of radicular pain led to the decision of not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**X-Ray of Lumbar Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Online Edition, and Chapter: Low Back-Lumbar & Thoracic (Acute & Chronic)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Imaging Studies

**Decision rationale:** Section: Low Back Complaints of the California Code of Regulations, Title 8, page 6 states the following: "The Administrative Director adopts and incorporates by reference the Low Back Complaints (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12) into the MTUS from the ACOEM Practice Guidelines." ACOEM Guidelines: X-rays (Roentgenograms) are recommended for acute LBP with red flags for fracture or serious systemic illness, sub acute low back pain that is not improving, or chronic LBP as an option to rule out other possible conditions. As an option to rule out other possible conditions. Obtaining x-rays once is generally sufficient. For patients with chronic LBP, it may be reasonable to obtain second set years later to re-evaluate the patient's condition, particularly if symptoms change. Official Disability Guidelines specify the following regard lumbar spine x-rays: "Not recommend routine x-rays in the absence of red flags. (See indications list below.) 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. Therefore, the request is not medically necessary.