

<b>Case Number:</b>	CM14-0041302		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	05/05/2005
<b>Decision Date:</b>	12/16/2014	<b>UR Denial Date:</b>	03/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/07/2014

### 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 claimant was injured on 05/05/05. X-ray of the lumbar spine without contrast [sic] is under review. The claimant was evaluated on 02/19/14. She reported intermittent aching pain in the bilateral lower lumbar spine and right upper buttock. She previously had been treated conservatively with physical therapy and home exercises. Her pain was level 4/10. She had an MRI of the lumbar spine in the past. Due to her ongoing pain x-rays were recommended for the left knee and low back. On 02/19/14, physical examination revealed tenderness over the right SI joint and limited lumbar PSM and limited lumbar active range of motion. She had an antalgic gait and positive straight leg raise on the left side. She has an MRI that showed moderate disc degeneration at L5-S1 with circumferential annular disc bulging and endplate ridging eccentric toward the right. There were findings on the right side including impingement upon the right S1 nerve root by a disc protrusion. She was diagnosed with degenerative disc disease, spinal stenosis, and sciatica and x-rays were ordered. She was previously diagnosed with a herniated lumbar disc in 2010. ESI was under consideration. The MRI was done on 04/20/10.

### 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 without contrast:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints  
Page(s): 308-310.

**Decision rationale:** The history and documentation do not objectively support the request for x-ray of the lumbar spine without contrast [sic]. The MTUS state "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. However, it may be appropriate when the physician believes it would aid in patient management." The specific indication for the x-ray, including what is being sought or ruled out, are not stated clearly and none can be ascertained from the records. The medical necessity of this request for an x-ray of the lumbar spine without contrast [sic] has not been clearly demonstrated. The request is not medically necessary and appropriate.