

<b>Case Number:</b>	CM14-0071809		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	03/03/2013
<b>Decision Date:</b>	09/26/2014	<b>UR Denial Date:</b>	05/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/19/2014

### 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 Illinois. 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 59 year old woman. She has been designated permanent and stationary for her lumbar spine pain and knee pain which occurred as a result of tripping and falling at work on March 3, 2013. The provider is asking for flexion/extension x-rays of the lumbar spine with digitized biomechanical mensuration in order to assess her degree of impairment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexion/Extension X-ray lumbar spine w/digitized biomechanical mensuration:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Flexion/Extension Imaging Studies and Flexibility.

**Decision rationale:** The Medical Treatment Utilization Schedule, American College of Occupational and Environmental Medicine and the Official Disability Guidelines do not address flexion/extension x-ray lumbar spine with digitized biomechanical mensuration. However, per Official Disability Guidelines, any flexion/extension imaging is not recommended as primary criteria for range of motion. Therefore, the request is not considered medically necessary.

