

<b>Case Number:</b>	CM14-0186216		
<b>Date Assigned:</b>	11/14/2014	<b>Date of Injury:</b>	04/22/2014
<b>Decision Date:</b>	01/14/2015	<b>UR Denial Date:</b>	10/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/07/2014

### 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 Chiropractic and Acupuncture 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:

This 55 year old female reportedly sustained a work related injury on April 22, 2014 due to mechanical failure of steering in a truck resulting in pain in bilateral wrists and hands. Diagnoses include bilateral carpal tunnel, wrist sprain/strain, myalgia and myositis unspecified and lumbar spain/strain. Physician exam dated July 11, 2014 provides the injured worker to have pain rated at 5 to 6/10 in both arms radiating to fingers. Off note is a history of diagnosis of bilateral carpal tunnel syndrome 14 years earlier. Physical exam revealed positive Tinel's and Phalen's test and restricted range of motion (ROM) of the wrists. There is no mention of lumbar complications. Workman's Compensation status report dated August 11, 2014 documents the injured worker to have work limitation of lifting no more than 15 pounds and limited pushing and pulling. Utilization Review determination references physical therapy for 12 sessions to unnamed area being certified on August 15, 2014 but there is no functional change noted. On October 20, 2014 Utilization Review determined a request dated October 13, 2014 for Flexion/Extension X-ray of the lumbar spine to be non certified. Official Disability Guidelines (ODG) were cited in the decision. Application for independent medical review is dated October 30, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexion/Extension X-ray of the lumbar spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, X-ray, Lumbar

**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, Special Studies

**Decision rationale:** According to evidenced based guidelines, lumbar spine xrays should not be recommended in patients with low back pain in the absence of red flags for series spinal pathology, even if the pain has persisted for at least six weeks. However it may be appropriate if the physician believes it would aid in patient management. Unequivocal objective findings that identify specific nerve compromise on neurological examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. For the diagnoses of lumbar spine sprain, xrays are not recommended as a technique to identify and define low back pathology. There is no documentation of any objective lumbar examination findings. Also a concurrent MRI is being requested which would rule out disc pathology. There is no documentation of suspected instability which would warrant flexion and extension studies of the spine. Therefore with no documentation of any red flags for serious spinal pathology or reasoning of why this study would aid in patient management, flexion and extension studies of the spine are not warranted.