

<b>Case Number:</b>	CM14-0190110		
<b>Date Assigned:</b>	11/21/2014	<b>Date of Injury:</b>	10/05/1994
<b>Decision Date:</b>	01/09/2015	<b>UR Denial Date:</b>	10/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/14/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 48 year old male with an injury date on 10/05/1994. Based on the 10/13/2014 progress report provided by the treating physician, the diagnoses are:1. Gastroesophageal reflux disease2. Postlaminectomy syndrome lumbar region3. Degen lumbar/lumbosacral intervertebral disc4. Displacement intervert disc site UNS W/O myelopathy5. Lumbosacral spondylosis without myelopathy6. Lumbago7. Anxiety depressionAccording to this report, the patient complains of "chronic severe intractable low back and left lower extremity radicular pain with numbness and tingling due to FBSS." Physical exam reveals tenderness over the lumbar paraspinal muscles, left sciatic notch, and bilateral L4-L5 and L5-S1 facet joints. Range of motion of the lumbar spine is limited. Left straight leg raise, bilateral Patrick, and left FABERE test are positive. Motor strength of the left lower extremity is a 4/5. Decreased to sensation to light touch is noted over the left lower extremity predominantly at S1. There were no other significant findings noted on this report. The utilization review denied the request for lumbar x-ray on 10/27/2014 based on the ODG guidelines. The requesting physician provided treatment reports from 02/08/2014 to 10/15/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar x-ray:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**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 chapter under Radiography

**Decision rationale:** According to the 10/13/2014 report, this patient presents with "chronic severe intractable low back and left lower extremity radicular pain with numbness and tingling due to FBSS." Per this report, the current request is for lumbar X-ray. The UR denial letter states "There is no indication of any acute changes in this individual that would warrant a lumbar spine x-ray at this time." Regarding radiography of the lumbar spine, Official Disability Guidelines (ODG) states "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." ODG further states indication for x-ray is considered when there Lumbar spine trauma; a serious bodily injury, neurological deficit, seat belt (chance) fracture or uncomplicated low back pain; trauma, steroids, osteoporosis, over 70, suspicion of cancer, and infection. Review of reports indicates patient's pain is a 5/10 with no new neurological exam findings from 07/28/2014 and 09/08/2014 reports. In this case, the treating physician did not indicate that the patient has a recent Lumbar spine trauma; a serious bodily injury, neurological deficit, or fracture and there were no mentions of suspicion of cancer and infection to consider radiography images. The patient does not present any of the concerns addressed in ODG to consider X-Rays. Treatment is not medically necessary and appropriate.