

<b>Case Number:</b>	CM14-0193232		
<b>Date Assigned:</b>	12/01/2014	<b>Date of Injury:</b>	11/18/2009
<b>Decision Date:</b>	01/13/2015	<b>UR Denial Date:</b>	11/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/18/2014

### 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 Emergency 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 44 year old female who was injured in a fall on 01/18/2009. The mechanism of injury occurred from a fall. Per the physician notes on 11/07/2014, her diagnoses include lumbosacral radiculitis and disorder of the trunk, reflex sympathetic dystrophy of the lower limb. She is status post lumbar hemi laminectomies on 12/02/2013 and 12/17/2013. She complains of some increase in back pain and some tightness in the left leg. She was also having some intestinal pain and feeling more depressed. On physical exam, there was noted increased pain with flexion but not extension of the spine. Her medications include Endocet, Gralise, Lexapro, and Pramipexole. The requested treatment is a lumbar spine x-ray. A lumbar spine X-ray dated May 13, 2014. This treatment was denied by the Claims Administrator on 11/13/2014 noting a lack of documentation of an acute clinical change since previous neither x-rays nor presence of red flag conditions; and was subsequently appealed for Independent Medical Review.

### 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:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic), Radiography (x-rays)

**Decision rationale:** American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 12, Low Back Complaints, Special Studies and Diagnostic and Treatment Considerations, Page 303 note "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;" and Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic), Radiography (x-rays) note "Radiography (x-rays) - Not recommend routine x-rays in the absence of red flags." The injured worker has some increase in back pain and some tightness in the left leg. The physician has documented increased pain with spinal flexion. The treating physician has not documented evidence of an acute clinical change since the previous lumbar x-rays, or exam evidence of red flag conditions. Therefore since the criteria noted above have not been met, an X-ray of the lumbar spine is not medically necessary.