

<b>Case Number:</b>	CM14-0193535		
<b>Date Assigned:</b>	12/01/2014	<b>Date of Injury:</b>	08/30/1990
<b>Decision Date:</b>	01/20/2015	<b>UR Denial Date:</b>	10/19/2014
<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 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 71 year old male with an injury date on 8/30/90. The patient complains of constant lower back pain, and constant mid-back pain per 10/1/14 report. Based on the 10/1/14 progress report provided by the treating physician, the diagnoses are: 1. lumbosacral s/s2. thoracic s/sA physical exam on 10/1/14 showed "L-spine range of motion is restricted, with extension at 10/25 degrees." The patient's treatment history was not included in the provided documentation. The treating physician is requesting x-ray lumbar spine. The utilization review determination being challenged is dated 10/19/14 and denies request due to lack of documentation of new injuries or exacerbation. The requesting physician provided a single treatment report from 10/1/14.

### 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 Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), [www.odg-twc.com](http://www.odg-twc.com); Low Back

**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 - Lumbar & Thoracic (Acute & Chronic) Chapter, Radiography (x-ray)

**Decision rationale:** This patient presents with lower and mid-back pain. The physician has asked for x-ray of the lumbar spine but the requesting progress report is not included in the provided documentation. Review of the reports does not show any evidence of a L-spine X-ray being done in the past. The ODG does not recommend routine lumbar x-rays in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least 6 weeks. Imaging is indicated only if patients have severe progressive neurologic impairments or signs or symptoms indicating a serious or specific underlying condition, or if they are candidates for invasive interventions. Immediate imaging is recommended for patients with major risk factors for cancer, spinal infection, caudal equine syndrome, or severe or progressive neurologic deficits. Imaging after a trial of treatment is recommended for patients who have minor risk factors for cancer, inflammatory back disease, vertebral compression fracture, radiculopathy, or symptomatic spinal stenosis. Subsequent imaging should be based on new symptoms or changes in current symptoms. In this case, the patient presents with chronic back pain. The patient does not have any of the indications that the ODG gives for a lumbar X-ray. The physician does not provide a useful discussion regarding the necessity of a lumbar X-ray, there are no surgical interventions planned, and there is no evidence a recent trauma. The requested X-ray lumbar spine is not indicated at this time. The request is not medically necessary.