

<b>Case Number:</b>	CM14-0204339		
<b>Date Assigned:</b>	12/16/2014	<b>Date of Injury:</b>	01/18/2013
<b>Decision Date:</b>	02/06/2015	<b>UR Denial Date:</b>	11/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/08/2014

### 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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 68 year old woman who sustained a work-related injury on January 18, 2013. Subsequently, the patient developed a chronic back pain. According to a progress report dated on November 3, 2014, the patient was complaining of ongoing back pain and right foot pain. The patient physical examination demonstrated lumbar tenderness and tenderness in the left S1 joint. The patient MRI of the lumbar spine did perform 2013 demonstrated significant L2-3 spinal stenosis, broad-based disc facet and ligament hypertrophy, L4-L5 paraspinal disc protrusion The patient was diagnosed with lumbosacral spondylosis. The provider requested authorization for x-ray of the lumbar spine.

### 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.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304.

**Decision rationale:** According to MTUS guidelines, x ray of the lumbar spine is indicated in case of disc protrusion, post laminectomy syndrome, spinal stenosis and equina syndrome. There

are no red flags pointing toward one of the above diagnosis or serious spine pathology. The patient developed a back injury without any documentation of focal neurological examination. Therefore the request of X-ray of the lumbar spine is not medically necessary.