

<b>Case Number:</b>	CM15-0006692		
<b>Date Assigned:</b>	01/21/2015	<b>Date of Injury:</b>	01/01/2010
<b>Decision Date:</b>	03/17/2015	<b>UR Denial Date:</b>	12/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
State(s) of Licensure: California, Indiana, New York  
Certification(s)/Specialty: Internal Medicine

### 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 39 year old female, who sustained an industrial injury on January 1, 2010. The diagnoses have included history of chronic low back pain syndrome, with multilevel disc bulges, bilateral wrist pain, left greater than right, secondary to carpal tunnel syndrome, status post right carpal tunnel release with synovectomy for stenosing synovitis with triggering of the right third finger with mild carpal tunnel syndrome, recurrent right wrist pain secondary to carpal tunnel syndrome, stress related disorder associated with mood changes, anxiety and overactive bladder status post-surgery. Treatment to date has included electromyogram, nerve conduction study, of bilateral upper extremities, oral pain medication and topical cream, hand surgeon and psychologist and home exercise program. Currently, the injured worker complains of headaches, neck pain, upper back pain, lower back pain radiating to the legs associated with numbness, stiffness, tingling, limited motion, weakness and sleep interruption, worsened by lifting, pulling, stooping and kneeling, left wrist pain, bilateral wrist pain radiating to the arm, associated with numbness, tingling, stiffness, limited motion, weakness and sleep interruption, worsened by pushing, pulling and lifting, right hand pain, radiation to the arm, associated with numbness, tingling, stiffness, swelling and limited motion, weakness and sleep interruption, depression, irritability, crying spells, loss of memory, sexual dysfunction and anxiety, and daytime sleepiness, reduced daytime alertness, difficulty falling asleep, disruption in sleep/wake schedule. On December 15, 2014 Utilization Review non-certified an f X-ray lumbar spine including AP lateral/extension/flexion views noting, Medical Treatment Utilization Schedule Guidelines was cited. On December 8, 2014, the injured worker submitted an

application for IMR for review of X-ray lumbar spine including AP lateral/extension/flexion views.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**X-ray lumbar spine including: AP Lateral/Extension/Flexion views:** 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 Low back section, Plain xrays

**Decision rationale:** Pursuant to the Official Disability Guidelines, lumbosacral spine x-rays including AP/lateral/extension/flexion are not medically necessary. The guidelines do not recommend routine x-rays in the absence of red flags. 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 six weeks. The American College of Radiology states "it is now clear from previous studies that uncomplicated acute low back pain is a benign, self-limited condition that does not warrant any imaging studies". The indications for imaging are enumerated in the Official Disability Guidelines. In this case, the injured worker's working diagnoses are lumbar disc protrusion; and bilateral lower extremity radiculopathy. Subjectively, the injured worker complains of right-sided headache, neck pain and back pain. Pain is associated with weakness and numbness in the legs. She reports locking and knees and swelling in the feet. Objectively, the lumbar spine is tentative palpation, guarded spasms over the paravertebral regions bilaterally. Trigger point present bilaterally area straight leg raising was positive by laterally. Neurological evaluation was normal. An MRI lumbar spine was completed May 17, 2014. The results showed a posterior annular tear at L4-L5. There is a 2 mm disc bulge without evidence of canal stenosis or NF narrowing. At L5-S1, there was posterior annular tear noted. There was a 1 to 2 mm posterior disc bulge without evidence of canal stenosis or NF narrowing. The documentation does not contain a clinical indication for radiographs of the lumbar spine. An MRI was performed May 17, 2014. The subjective section of the progress note does not contain any clinical event, worsening signs or symptoms warranting plain x-rays of the lumbar spine. Consequently, absent clinical documentation or "red flags" to support a lumbosacral spine x-ray (#4 view), lumbosacral spine x-rays including AP/lateral/extension/flexion are not medically necessary.