

<b>Case Number:</b>	CM15-0104725		
<b>Date Assigned:</b>	06/09/2015	<b>Date of Injury:</b>	03/24/2015
<b>Decision Date:</b>	07/14/2015	<b>UR Denial Date:</b>	05/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/01/2015

### 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: New Jersey, Alabama,

California

Certification(s)/Specialty: Neurology, Neuromuscular 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 29-year-old male, who sustained an industrial injury on 3/24/15. He has reported initial complaints of back, left shoulder and arm pain. The diagnoses have included sprain/strain of the bilateral wrists, thoracic spine strain/sprain, lumbar strain/sprain, bilateral shoulder strain/sprain, bilateral knee strain/sprain and left elbow epicondylitis. Currently, as per the physician progress note dated 4/1/15, the injured worker complains of sharp upper back pain and low back pain and aching associated with limited motion and sleep interruption. The physical exam of the thoracic spine reveals tenderness. The exam of the lumbosacral spine reveals tenderness over the L5-S1 junction, seated straight leg test is positive bilaterally, and supine straight leg test is positive bilaterally. There was no previous therapy sessions noted and no previous diagnostics noted in the records. The physician recommended physical therapy, Motrin, Omeprazole, Capsaicin gel and return to clinic in 4 weeks. The physician requested treatment included Lumbar spine x-ray to rule out presence of other bony pathology contributing to increased symptoms and delayed recovery and to clear patient for osseous manipulation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar spine x-ray:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301-303.

**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 is no documentation of serious spinal pathology. Therefore, the request of X-ray of the lumbar spine is not medically necessary.