

<b>Case Number:</b>	CM15-0136247		
<b>Date Assigned:</b>	07/24/2015	<b>Date of Injury:</b>	01/19/2015
<b>Decision Date:</b>	08/21/2015	<b>UR Denial Date:</b>	06/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2015

### 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:

This 41 year old man sustained an industrial injury on 1/19/2015. The mechanism of injury is not detailed. Diagnoses include back contusion, open wound to the right 5th digit, head contusion, open scalp wound, open forehead wound, closed fracture of left carpal bone, cervical spine sprain/strain, and lumbar spine sprain/strain. Treatment has included oral medications and physical therapy. Physician notes on a PR-2 dated 1/26/2015 show complaints of pain tot eh lumbar spine that is radiating from head to neck, rash to the elbow, itchiness, dizziness, and blurred vision. The worker states that she is worse overall. Recommendations include partial suture removal from the face, neurology consultation, ophthamology consultation, lumbar spine MRI, stop Cephalexin and Hydrocodone, Ibuprofen, Loratadine, and follow up in one week.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar X-rays:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC), Low Back Chapter - Radiology.

**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 red flags pointing toward one of the above diagnosis or a serious spine pathology. The patient developed a back injury without any documentation of focal neurological examination. Therefore, the request of Lumbar X-rays is not medically necessary.