

<b>Case Number:</b>	CM15-0144397		
<b>Date Assigned:</b>	08/05/2015	<b>Date of Injury:</b>	06/05/2013
<b>Decision Date:</b>	09/01/2015	<b>UR Denial Date:</b>	06/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/24/2015

### 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 41-year-old female patient who sustained an industrial injury on June 05, 2013. A primary treating office visit dated June 17, 2015 reported the patient with subjective complaint of continuing to struggle with increased pain to the lower back since the onset of physical therapy session. He states that following surgery he was feeling somewhat better with regards to the back pain and right leg symptom: then a few weeks later with the onset of increased pain. The surgeon had been apprised and noted recommending returning to the membrane-stabilizing agent for radicular pains. Previously he had been prescribed Lyrica discontinued it then went back on the medication. She states not having taken the Lyrica in a week. The following diagnosis was applied: displaced lumbar intervertebral disc. Objective findings showed the patient's pain is greatly aggravated with extension and rotation to the right. Voltaren 1.3 % patches were prescribed. At a primary follow up dated May 06, 2015 there is noted discussion regarding tapering down from Norco and the patient expressed wanting just to stop it altogether; not interested in tapering down dose. Of note, the patient started physical therapy today. The following were prescribed this visit: Ambien, and baclofen. He is to continue with a modified work duty.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**X-rays of the lumbar spine:** 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), indications for imaging-plain X-rays: lumbar spine trauma: pain, tenderness, trauma, neurological deficit, seat belt fracture, Uncomplicated low back pain, myelopathy.

**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 flag pointing toward one of the above diagnosis or serious spine pathology. The patient developed a back injury without any documentation of focal neurological examination. Her pain was exacerbated after physical therapy without evidence of red flags supporting lumbar spine dysfunction. Therefore, the request of X-rays of the lumbar spine is not medically necessary.