

<b>Case Number:</b>	CM15-0146118		
<b>Date Assigned:</b>	08/07/2015	<b>Date of Injury:</b>	07/09/2014
<b>Decision Date:</b>	09/09/2015	<b>UR Denial Date:</b>	07/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2015

### 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: Texas, California

Certification(s)/Specialty: Family Practice

### 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 is a 53 year old male patient who sustained an industrial injury on 7-9-2014. He was injured while working on a company truck when another vehicle causing the transmission to fall on him hit it. He was stuck under the vehicle until his co-workers lifted the truck off of him causing injuries to the neck, mid back, low back, left hip, left hand, wrist, both ribs, both shoulders, headaches, right foot , and forehead. Diagnoses include lumbosacral strain sprain, rule out lumbar disc protrusion, cervical sprain strain, rule out cervical disc protrusion, bilateral rib fractures, left hand fracture, left hand tenosynovitis, status post left hand surgery, right shoulder sprain strain, rule out right shoulder internal derangement, left shoulder sprain strain, rule out left shoulder internal derangement, left wrist sprain strain, rule out carpal tunnel syndrome, rule out left wrist internal derangement, right hip sprain strain, rule out right hip internal derangement, left hip strain sprain, rule out left hip internal derangement, thoracic sprain strain, left elbow sprain strain, rule out left elbow internal derangement, left forearm abrasion, left forearm strain, status post-surgery, left forearm, headaches, and headaches, post traumatic, chronic. Per the doctor's note dated 5/27/2015 and 7/1/2015, he had complaints of headache, neck pain with radiation to the left upper extremities, low back pain, thoracic pain, left and right shoulder pain, left elbow pain, left forearm pain, left wrist and hand pain, left hip pain, right hip pain, difficulty sleeping and depression. The physical examination revealed tenderness of the cervical spine, thoracic, and lumbar spine, decreased lumbar range of motion, tenderness of the right shoulder with decreased range of motion, tenderness to the left shoulder with decreased range of motion, positive impingement test on bilateral shoulder; tenderness to the left elbow with decreased

range of motion, the left forearm- painful with range of motion, tenderness to the left wrist with decreased range of motion, tenderness to the left hand with painful range of motion, tenderness to the right hip with decreased range of motion, tenderness to the left hip with decreased range of motion; pain with straight leg raising test; positive Tinel's, Phalen's and Finkelstein test on the left wrist, pain with cervical compression. The medications list includes naproxen, Omeprazole, cyclobenzaprine and topical compound medications. He has undergone left hand surgery. He has had physical therapy visits for this injury. The treatment request included a 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:

**Xray of lumbar spine:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-303.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

**Decision rationale:** X-ray of lumbar spine. Per the ACOEM guidelines cited below, regarding lumbar X-ray "it may be appropriate when the physician believes it would aid in patient management." Patient has history of significant injury. Per the records provided, he had chronic low back pain. The physical examination revealed significant objective findings- tenderness, decreased range of motion and pain with straight leg raising tests. It is medically necessary and appropriate to perform a lumbar spine X-ray to evaluate and manage patient's low back symptoms. The request of X-ray of lumbar spine is medically necessary and appropriate for this patient at this juncture.