

<b>Case Number:</b>	CM15-0182453		
<b>Date Assigned:</b>	09/23/2015	<b>Date of Injury:</b>	11/05/2011
<b>Decision Date:</b>	10/28/2015	<b>UR Denial Date:</b>	09/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2015

### 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

Certification(s)/Specialty: Emergency 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 50 year old male, who sustained an industrial injury on 11-05-2011. He has reported injury to the low back. The injured worker has been treated for chronic low back pain with right leg radiculopathy and lower extremity weakness; and status post posterior lumbar interbody fusion surgery at L4-L5 and L5-S1, in 2012. Treatments have included medications, diagnostics, activity modifications, physical therapy, and surgical intervention. Medications have included Vicodin, Baclofen, and Ambien. A progress report from the treating physician, dated 08-07-2015, documented an evaluation with the injured worker. The injured worker reported low back pain; signs and symptoms have worsened; constant numbness and tingling in the right foot; he is tripling a lot; and he has balance issues. Objective findings included tenderness to palpation of the lumbar spine; range of motion is decreased in all planes; he has pain with toe and heel walk in the right lower extremity; strength is 4 out of 5 in the right foot; and there is positive straight leg raising test on the right. CT of the lumbar spine, dated 07-27-2015, revealed bilateral pedicular screws at L4, L5, and S1, connected with posterior spinal rods; the hardware appears intact; mild lucency seen around the left S1 pedicular screw, suggestive of minimal loosening; and no other peri hardware loosening or fracture is noted. The treatment plan has included the request for repeat lumbar x-ray, 4 views. The original utilization review, dated 09-05-2015, non-certified a request for repeat lumbar x-ray, 4 views.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Repeat lumbar X-ray, 4 views:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies, Summary.

**Decision rationale:** As per ACOEM Guidelines, imaging studies should be ordered in event of red flag signs of symptoms, signs of new neurologic dysfunction, clarification of anatomy prior to invasive procedure or failure to progress in therapy program. Patient does not meet any of these criteria. There is no documented red flag findings in complaints or exam. There is noted new neurologic dysfunction. Patient had at CT done recently already. There is no justification documented for why X-rays of lumbar spine was needed. Radiographs of lumbar spine is not medically necessary.