

<b>Case Number:</b>	CM15-0184032		
<b>Date Assigned:</b>	09/24/2015	<b>Date of Injury:</b>	01/05/2015
<b>Decision Date:</b>	11/02/2015	<b>UR Denial Date:</b>	08/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2015

### 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 27 year old male, who sustained an industrial injury on 01-05-2015. He has reported subsequent back and left lower extremity pain and was diagnosed with lumbar myalgia, lumbar myospasm and left-sided neuritis and radiculitis. MRI of the lumbar spine on 06-08-2015 showed mild multilevel disc degeneration of L3-S1, 2-3 mm broad-based posterior disc bulge at L3-L4 with 4 mm left posterolateral disc protrusion, moderate to severe left L3-L4 lateral recess stenosis with anatomic potential for impingement on the traversing left L4 nerve, moderate central L3-L4 spinal canal stenosis and 2 mm curvilinear annular fissure at the posterior L3-L4 disc margin, 3.5-4 mm central and bilateral paracentral posterior disc protrusion at L4-L5 resulting in mild to moderate left greater than right L4-L5 lateral recess stenosis with potential for impingement on the traversing L5 nerves bilaterally with 2 mm curvilinear annular fissure at posterior L4-L5 disc margin and 3.5 mm central and left paracentral posterior disc protrusion at L5-S1 resulting in mild left L5-S1 lateral recess stenosis, 2 mm curvilinear annular fissure at the left posterolateral L5-S1 disc margin, mild left L5-S1 foraminal stenosis and mild left L5-S1 facet joint arthropathy. Treatment to date has included pain medication, lumbar epidural steroid injections, trigger point injections and acupuncture, which were noted to have failed to significantly relieve the pain. In a qualified medical examiner initial orthopedic report dated 08-17-2015, the injured worker reported low back pain with left leg radiculopathy. Objective examination findings showed tenderness of the lumbar paravertebral region, spinous process and sacroiliac joints bilaterally, trigger points in the bilateral lumbar paraspinal muscles, positive seated leg raise on the left, manual muscle testing of 4 out of 5 with flexion,

extension and bilateral lateral bending, restricted range of motion due to pain 1+ ankle and knee jerks on the right and 2+ on the left, deep tendon reflexes of 1+ on the right and 2+ on the left in the patellar, hamstrings and Achilles, decreased sensation in the left L5 and S1 dermatomes, decreased sensation to pin prick on the left foot and decreased motor strength at the L5 and S1 muscle groups. Work status was documented as temporarily partially disabled with work restrictions. A request for authorization of x-rays of the lumbar spine with AP, lateral, flexion and extension views was submitted. As per the 08-29-2015 utilization review, the request for x-rays of the lumbar spine with AP, lateral, flexion and extension views was non-certified.

### **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 with AP, lateral, flexion and extension views:** 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), Low Back, Radiography (x-rays).

**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 are no documented red flag findings in complaints or exam. There is no noted new neurologic dysfunction. Patient has had an MRI done already with well-documented findings. There is no justification documented for why X-rays of lumbar spine was needed. Radiographs of lumbar spine are not medically necessary.