

<b>Case Number:</b>	CM15-0184774		
<b>Date Assigned:</b>	09/25/2015	<b>Date of Injury:</b>	02/28/2014
<b>Decision Date:</b>	11/02/2015	<b>UR Denial Date:</b>	09/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/21/2015

### 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, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, 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:

The injured worker is a 45 year old male, who sustained an industrial injury on February 28, 2014. He reported low back pain, bilateral knee pain, bilateral hip pain, and bilateral lower extremity pain. The injured worker was diagnosed as having low back pain, lower extremity radiculitis, bilateral hip strain and sprain, bilateral knee sprain and strain, anxiety disorder, mood disorder, sleep disorder, and stress. Treatment to date has included diagnostic studies, radiographic imaging, medications, and work restrictions. Currently, the injured worker continues to report low back pain, bilateral hip pain, bilateral knee pain, and bilateral lower extremity pain. The pain was described as burning radicular pain with spasms. He also noted secondary stress, anxiety, frustration, insomnia, and depression. Evaluation on March 4, 2015, revealed continued pain as noted with radicular symptoms in the lower extremities. He rated his low back pain, using a visual analog scale (VAS) from 1-10 with 10 being the worst, at 8-9, his bilateral hip pain at 5 and his bilateral knee pain at 6. He noted the pain and sleeping difficulties were improved with rest and medications. Physical therapy, chiropractic care, and neurostimulation therapy were recommended. Medications were continued. Evaluation on April 1, 2015, revealed continued pain as noted. He rated his low back pain at 8, hip pain at 5 and knee pain at 6 using the VAS. Evaluation on June 3, 2015, revealed continued pain as noted. Psychiatry, physical therapy, and chiropractic care were recommended. Evaluation on August 25, 2015, revealed continued pain as noted with associated symptoms. It was noted his low back was the most painful. The RFA included a request for x-ray of the lumbar spine and was non-certified on the Utilization Review (UR) on September 10, 2015.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

### **X-Ray of The Lumbar Spine: Overturned**

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

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

**Decision rationale:** Per the cited ACOEM guidelines, lumbar spine x-rays should not be recommended for injured workers with low back pain in the absence of red flags, even when the pain has persisted greater than 6 weeks. However, they do state that x-rays may be appropriate if the treating provider believes it will aid in the management of the injured worker. In the case of this injured worker, he has a history of chronic low back pain, left hip, and radicular symptoms, along with prior pelvic fracture. The treating provider noted on September 22, 2015, the injured worker has had persistent focal sensory and motor deficits. Therefore, based on the cited guidelines and medical documentation, the request for x-ray of the lumbar spine is medically necessary and appropriate.