

<b>Case Number:</b>	CM15-0188570		
<b>Date Assigned:</b>	09/30/2015	<b>Date of Injury:</b>	09/10/2014
<b>Decision Date:</b>	11/13/2015	<b>UR Denial Date:</b>	08/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2015

### 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: Texas, New York, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 59-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of September 12, 2014. In a Utilization Review report dated August 24, 2015, the claims administrator failed to approve a request for radiographs of the lumbar spine. The applicant's attorney subsequently appealed. On a handwritten progress note dated August 4, 2015, the applicant was placed off of work, on total temporary disability. Multifocal complaints of low back, shoulder, and arm pain were reported on that date. The applicant was asked, through pre-printed checkboxes, to pursue a pain management consultation, 12 sessions of physical therapy, MRI imaging of the lumbar spine, MRI imaging of the right shoulder, MRI imaging of the left shoulder, x-ray imaging of the lumbar spine, x-ray imaging of the right shoulder, x-ray imaging of the pelvis, and x-ray imaging of the left shoulder. Little-to-no narrative commentary accompanied the request, which were seemingly made through usage of pre-printed checkboxes alone.

### 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:** Upheld

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

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

**Decision rationale:** No, the request for an x-ray of the lumbar spine is not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 309, the routine usage of x-rays of the lumbar spine in the absence of red flags is deemed "not recommended." Here, the attending provider's August 4, 2015 progress note did seemingly suggest that the x-rays in question were being ordered for routine evaluation purposes. The attending provider did not formulate a differential diagnosis list. The order was invoked through usage of pre-printed checkboxes, without much in the way of supporting rationale or commentary. The fact that plain film and MRI studies of 4 different body parts, namely the right shoulder, left shoulder, lumbar spine, and pelvis, taken together, strongly suggested that said imaging studies were being ordered for routine evaluation purposes, without any clearly formed intention of acting on the results of the same. Therefore, the request is not medically necessary.