

<b>Case Number:</b>	CM15-0195227		
<b>Date Assigned:</b>	10/09/2015	<b>Date of Injury:</b>	10/02/2013
<b>Decision Date:</b>	11/25/2015	<b>UR Denial Date:</b>	09/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/05/2015

### 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 47-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of October 2, 2013. In a Utilization Review report dated September 18, 2015, the claims administrator failed to approve requests for lumbosacral spine x-rays. Non-MTUS ODG Guidelines were invoked, despite the fact that the MTUS addressed the topic. The claims administrator referenced a September 14, 2015 RFA form and an associated September 11, 2015 progress note in its determination. The applicant's attorney subsequently appealed. On June 17, 2015, the applicant reported ongoing complaints of mid and low back pain. The applicant received an SI joint injection several months prior, it was reported. The applicant had also received epidural steroid injections. The applicant was using TENS unit and oral Voltaren, it was reported. Portions of progress note were truncated as a result of the claims administrator's transmission of document. On an associated RFA form of June 19, 2015, however, the lumbar and SI joint x-rays were sought, without much in the way of supporting rationale or supporting commentary. On October 9, 2015, the applicant reported ongoing complaints of low back pain radiating to the left leg. The applicant received SI joint injections and medial branch blocks at various points in time. The attending provider reiterated his request for lumbosacral spine x-rays. Little in the way of supporting rationale accompanied the request for authorization. On an RFA form dated July 15, 2015, the attending provider again reiterated his request for lumbosacral x-rays.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar/Sacroiliac x-rays:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Indications for Imaging, X-rays.

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

**Decision rationale:** No, the request for x-rays of the lumbosacral spine and sacroiliac joint region was 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 radiographs of the lumbar spine in the absence of red flag signs and symptoms is deemed "not recommended." Here, little-to-narrative commentary accompanied the request for authorization. It was not clearly stated why the lumbosacral and sacroiliac joint x-rays were sought. Little-to-no narrative commentary accompanied the request for authorization. It was not stated how (or if) the proposed x-rays would have influenced or altered the treatment plan. Therefore, the request was not medically necessary.