

<b>Case Number:</b>	CM15-0195590		
<b>Date Assigned:</b>	10/09/2015	<b>Date of Injury:</b>	03/02/2010
<b>Decision Date:</b>	11/18/2015	<b>UR Denial Date:</b>	09/25/2015
<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: New Jersey, New York  
 Certification(s)/Specialty: 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 68 year old male, who sustained an industrial injury on 3-2-2010. Medical records indicate the worker is undergoing treatment for lumbago. A recent progress report dated 7-20-2015, reported the injured worker complained of low back pain with radiation to the legs. Physical examination revealed full lumbar range of motion with tenderness to palpation at the paralumbar facets and tenderness to palpation to the lumbosacral spine. Lumbar x rays performed on this date. Treatment to date has included massage therapy, chiropractic care and medication management, but no current medications prescribed. The physician is requesting Retrospective X-rays of the lumbar spine (DOS: 07-20-2015). On 9-25-2015, the Utilization Review noncertified the request for Retrospective X-rays of the lumbar spine (DOS: 07-20- 2015).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective X-rays of the lumbar spine (DOS: 07/20/2015): 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), TWC, Internet Version (updated 07/17/2015); Low Back - Lumbar & Thoracic (acute & chronic).

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

**Decision rationale:** The request is considered not medically necessary. He continues with lower back pain with radiculopathy. There has been no change in exam or red flags that would require an additional lumbar x-ray at this time. According to MTUS guidelines, x-ray is not required unless there are findings of significant spinal pathology. Therefore, the request is considered not medically necessary.