

<b>Case Number:</b>	CM15-0030110		
<b>Date Assigned:</b>	02/23/2015	<b>Date of Injury:</b>	07/18/2011
<b>Decision Date:</b>	04/08/2015	<b>UR Denial Date:</b>	02/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/18/2015

### 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: Physical Medicine & Rehabilitation

### 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 43-year-old male, who sustained an industrial injury on July 18, 2011. He has reported lower back pain. The diagnoses have included lumbar or lumbosacral degenerative disc disease, lumbar spine strain, sciatica, and lumbosacral spondylosis. Treatment to date has included medications, heat, and massage. A progress note dated January 5, 2015 indicates a chief complaint of continued lower back pain. Physical examination showed decreased range of motion of the lumbar spine and decreased strength of the hips and knees. The treating physician is requesting x-rays of the lumbar spine. On February 6, 2015 Utilization Review denied the request for x-rays of the lumbar spine citing the California Medical Treatment Utilization Schedule, American College of Occupational and Environmental Medicine Guidelines, and Official Disability Guidelines. On February 18, 2015, the injured worker submitted an application for IMR of a request for x-rays of the lumbar spine.

### 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:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Flexion/extension Imaging studies.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official disability guidelines Low back Chapter under Radiography.

**Decision rationale:** The 43-year-old patient complains of low back pain rated at 6-8/10, as per progress report dated 01/05/15. The request is for X-RAYS OF THE LUMBAR SPINE. The RFA for this case is dated 01/30/15, and the patient's date of injury is 07/18/11. Medications, as per progress report dated 01/05/15, included Terocin lotion, Biofreeze, Lyrica, Tramadol, Omeprazole, Tizanidine and Orphenadrine. Diagnoses included lumbosacral strain, sciatica, lumbosacral spondylosis, and lumbar disc degeneration. The patient has numbness, tingling and weakness in the lower extremities, as per progress report dated 12/01/14. The patient has been allowed to return to modified work, as per progress report dated 01/05/15. For radiography of the low back, ACOEM ch12, low back, pages 303-305: "Special Studies and Diagnostic and Treatment Considerations Lumbar spine x-rays should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least six weeks." For special diagnostics, ACOEM Guidelines page 303 states unequivocal objective findings that identify specific nerve compromise on the neurological examination is sufficient evidence to warrant imaging in patients who do not respond well to treatment and who would consider surgery as an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. ODG-TWC, Low back Chapter under Radiography states: Lumbar spine radiography should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least 6 weeks. In this case, a request of lumbar x-rays is noted in progress report dated 01/05/15. The treater seeks to determine if there's any segment instability for the patient's vertebral column at the lumbar section. As per progress report dated 07/21/14, prior x-ray of the lumbosacral spine, dated 08/29/12, revealed spondylolisthesis and retrolisthesis at L2-3 with multilevel degenerative changes. The treater states that the update is to make sure there is no progression of lumbar spine segmental instability contributing to his ongoing persistent pain, paraesthesia and weakness throughout the lower extremities with decreased sitting, standing and walking tolerance. Given the clinical findings and neurologic deficits, the request is reasonable and IS medically necessary.