

<b>Case Number:</b>	CM15-0043988		
<b>Date Assigned:</b>	03/13/2015	<b>Date of Injury:</b>	06/26/2014
<b>Decision Date:</b>	04/23/2015	<b>UR Denial Date:</b>	02/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/09/2015

### 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 34-year-old male who sustained an industrial injury on June 26, 2014. He has reported low back pain and has been diagnosed with lumbar sprain, lumbar sciatica, and lumbar myelopathy. Treatment has included medication and home exercise program. Currently the injured worker complains of painful flexion and extension of the lumbar spine. There was tenderness in the paraspinal muscles with palpable spasm of the right piriformis muscle. The treatment request included an X-ray 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-ray of the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

**Decision rationale:** The patient presents with low back pain and complaints of painful flexion and extension of the lumbar spine. The request is for X-RAY OF THE LUMBAR SPINE. The RFA is not provided. Patient's diagnosis included lumbar sprain, lumbar sciatica, and lumbar myelopathy. Treatments included medication and home exercise program. The reports do not reflect whether or not the patient is working. 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. The treater did not provide a rationale for the request. Review of the medical reports provided did not demonstrate any neurological pathology. Lumbar spine radiography is 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. The patient does not present with any potential fracture, red flags. Given the lack of clinical findings and neurologic deficits, the request is not in accordance with the guidelines and thus IS NOT medically necessary.