

<b>Case Number:</b>	CM15-0053937		
<b>Date Assigned:</b>	03/27/2015	<b>Date of Injury:</b>	06/10/2008
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	03/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/21/2015

### 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, Hawaii  
 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 35 year old male, who sustained an industrial injury on 6/10/08. He reported pain in the right shoulder and lower back related to a slip and fall accident. The injured worker was diagnosed as having right shoulder impingement and status post lumbar surgery with residuals. Treatment to date has included surgery and pain medications. As of the PR2 dated 2/17/15, the injured worker reports pain in the lower back and right shoulder. The treating physician requested lumbar x-ray.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**X-ray to the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287, 303. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back, Radiography (x-rays).

**Decision rationale:** The patient presents with pain affecting the low back and right shoulder. The current request is for X- ray to the lumbar spine. The requesting treating physician report dated 2/17/15 (38B) does not provided a rationale for the current request. A progress report dated 10/28/14 (24B) notes that the patient underwent surgery of the lumbar spine on 6/3/2011. The report further notes that MRIs and x-rays were performed, and the most current x-ray was performed on 8/2014 but the results were not provided for review. The MTUS does not address the current request. The ODG guidelines have the following regarding x-rays of the low back: "Not recommend routine x-rays in the absence of red flags." In this case, there is no documentation of any of the indications for imaging in the medical reports provided for review. Furthermore, the patient is well over 3 years post low back surgery and a recent x-ray of the low back was performed on 8/2014. The current request does not satisfy the ODG guidelines for medical necessity as outlined in the "Low Back" chapter. The request is not medically necessary.