

<b>Case Number:</b>	CM15-0059563		
<b>Date Assigned:</b>	04/06/2015	<b>Date of Injury:</b>	07/27/2013
<b>Decision Date:</b>	05/04/2015	<b>UR Denial Date:</b>	03/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/30/2015

### 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: North Carolina  
 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 was a 55 year old female, who sustained an industrial injury, July 23, 2013. The injured worker previously received the following treatments left hip x-rays, Fentanyl Patches, Tramadol, Cymbalta, Dendracin topical lotion, TENS (transcutaneous electrical nerve stimulator) unit, walker, Promolax and Gabapentin. The injured worker was diagnosed with lumbar radiculopathy secondary to lumbar disk injury, lumbar facet syndrome bilaterally at L4-L5 and L5-S1 Grade I retrolisthesis of L1, L2 on L2-L3 and L3-L4 with chronic lumbosacral sprain/strain, upper extremity pain consistent with cervical radiculopathy due to cervical disk herniation confirmed by MRI imaging, constipation from opioid use, and status post mitral valve replacement with Coumadin therapy. According to progress note of February 19, 2015, the injured workers chief complaint was persistent low back pain, bilateral hip pain and left lower extremity numbness and weakness. The injured worker was also complaining of neck and left upper extremity pain with numbness and weakness. The injured worker described the pain as constant aching and burning with intermittent sharp shooting pain. The injured worker described associated numbness and weakness of the left leg and unsteady gait. The pain was rated at 8-9 out of 10 typically; 0 being no pain and 10 being the worse pain. The pain was aggravated after standing for a few minutes, bending, twisting or walking. The injured worker was having difficulty with activities of daily living such as, showering, going to the bathroom, dressing and light food preparation. The physical exam noted decreased range of motion of the lumbar spine region. There was tenderness of the left paravertebral and gluteal muscles. There was moderate tenderness over the right gluteal. There was generalized weakness of the left lower extremity.

The gait was severely antalgic on the left. The treatment plan included radiology exam of lumbosacral region two views on February 24, 2015.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**X-ray lumbar with flexion and extension 2/3 view:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Chapter Low Back, web edition.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, flexion/extension x-rays.

**Decision rationale:** The California MTUS and ACOEM do not specifically address the requested service. The ODG states the requested service is not recommended for obtaining accurate reproducible results. The clinical documentation does not provide any additional information to refute the ODG recommendations. Therefore, the request is not medically necessary.