

<b>Case Number:</b>	CM14-0118468		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	04/26/2013
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	06/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2014

### 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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 62-year-old male with a 4/26/13 date of injury and status post lumbar laminectomy and fusion on 10/23/13. At the time (6/27/14) of the Decision for X-ray of the lumbar spine, there is documentation of subjective (low back pain radiating to the buttocks and lateral thighs with some residual numbness in the feet) and objective (decreased sensation over the right lateral calf and dorsum of the feet) findings, imaging findings (X-rays of the lumbar spine (4/4/14) report revealed pedicle fixation L3-4, no hardware loosening, and residual spondylosis at L3-4), current diagnoses (status post lumbar laminectomy and fusion on 10/23/13), and treatment to date (lumbar surgery, physical therapy, and medications). There is no documentation of a diagnosis/condition (with supportive subjective/objective findings) for which a repeat study is indicated (to diagnose a change in the patient's condition marked by new or altered physical findings).

### 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 Page(s): 303-305.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Other Medical Treatment Guidelines:

## Official Disability Guidelines (ODG) Minnesota Rules, 5221.6100 Parameters for Medical Imaging

**Decision rationale:** MTUS reference to ACOEM identifies documentation of red flag diagnoses where plain film radiographs are negative; unequivocal objective findings that identify specific nerve compromise on the neurologic examination, do not respond to treatment, and who would consider surgery, as criteria necessary to support the medical necessity of lumbar spine x-rays. ODG identifies documentation of a diagnosis/condition (with supportive subjective/objective findings) for which a repeat study is indicated (such as: To diagnose a suspected fracture or suspected dislocation, to monitor a therapy or treatment which is known to result in a change in imaging findings and imaging of these changes are necessary to determine the efficacy of the therapy or treatment (repeat imaging is not appropriate solely to determine the efficacy of physical therapy or chiropractic treatment), to follow up a surgical procedure, to diagnose a change in the patient's condition marked by new or altered physical findings) as criteria necessary to support the medical necessity of repeat imaging. Within the medical information available for review, there is documentation of a diagnosis of status post lumbar laminectomy and fusion on 10/23/13. In addition, there is documentation of a previous lumbar x-ray performed on 4/4/14. However, despite documentation of subjective (low back pain radiating to the buttocks and lateral thighs with some residual numbness in the feet) and objective (decreased sensation over the right lateral calf and dorsum of the feet) findings, there is no documentation of a diagnosis/condition (with supportive subjective/objective findings) for which a repeat study is indicated (to diagnose a change in the patient's condition marked by new or altered physical findings). Therefore, based on guidelines and a review of the evidence, the request for X-ray of the lumbar spine is not medically necessary.