

<b>Case Number:</b>	CM14-0119383		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	10/04/2001
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	07/14/2014
<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 Physical Medicine and Rehabilitation 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:

This 58 year-old patient sustained an injury on 10/4/2001 while employed by [REDACTED]. Request(s) under consideration include X-RAY Thoracic Spine. Conservative care has included medications, physical therapy, Epidural steroid injections, Nerve blocks, and modified activities/rest. Consult report from new Primary treating physician noted patient with chronic low back pain radiating to the legs associated with numbness, tingling, and weakness. Medications list narcotics and Celebrex with pain level rated at 1/10 with and 8/10 without medications. Medications list Tylenol with Codeine, Celebrex, Alprazolam, Ambien, Simvastatin, Lotensin, Appformin, Combivent, and Triazolam. Past medical history include sleep apnea with use of CPAP, Hypertension, migraines, asthma, pneumonia, shingles, anxiety, depression, and anemia. Exam showed tenderness at L4-5 with limited range in all planes, no spasm, antalgic gait, intact sensation, symmetrical reflexes, and normal motor strength with positive SLR. UDS was reportedly consistent; medications were continued without change with plan for home exercise and thoracic x-rays to delineate thoracic and lumbar pain. Records indicated recent authorization provided for X-rays and MRI of the lumbar spine. The request(s) for X-RAY Thoracic Spine was non-certified on 7/14/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**X-RAY Thoracic Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 179. Decision based on Non-MTUS Citation OFFICIAL DISABILITIES GUIDELINES: NECK & UPPER BACK CHAPTER RADIOGRAPHY (X-RAYS)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303 309.

**Decision rationale:** The ACOEM Treatment Guidelines for Back Complaints under Special Studies and Diagnostic and Treatment Considerations supports radiographs when red-flags (i.e. fracture, cancer) are suspected. 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. However, it may be appropriate when the physician believes it would aid in patient management when unequivocal objective findings that identify specific nerve compromise on the neurologic examination are evidence; however, submitted clinical reports only noted lumbar exam with paraspinal tenderness, spasm, restricted range of motion with well-healed incision. There are no demonstrated acute findings of neurological deficits or change in clinical condition to warrant for a routine x-ray. The X-RAY Thoracic Spine is not medically necessary and appropriate.