

<b>Case Number:</b>	CM14-0140154		
<b>Date Assigned:</b>	09/19/2014	<b>Date of Injury:</b>	07/06/2013
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	08/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/29/2014

### 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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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:

The injured worker is a 33 year old female who reported a date of injury of 07/06/2013. The injured worker had a diagnoses of lumbosacral strain. Prior treatments, diagnostic studies and surgeries were not indicated within the medical records received. The injured worker had complaints of low back pain. The clinical note dated 08/12/2014 noted tenderness to palpation of the lumbosacral spine more on the left side and forward flexion of 60 degrees out of 110 degrees. Medications were not indicated within the medical records provided. The treatment plan included the physician's recommendation for an MRI and x-rays of the injured worker's lower back and physical therapy. The rationale and Request for Authorization form were not provided within the medical records received.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient x-ray of the lower back and MRI of the lumbosacral spine, lumbar plain films including flexion and extension:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

**Decision rationale:** The request for Outpatient x-ray of the lower back and MRI of the lumbosacral spine, lumbar plain films including flexion and extension are not medically necessary. The injured worker had complaints of low back pain. The California MTUS/ACOEM Guidelines indicate lumbar spine x-rays are not 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. Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. There is a lack of documentation indicating the injured worker has red flags for serious spinal pathology or an identifying specific nerve compromise upon the neurologic examination to warrant imaging. Furthermore, there is a lack of documentation indicating the injured worker did not respond to treatment; the clinical note dated 08/12/2014 noted the patient still needed to start therapy for the lower back. As such, the request is not medically necessary.