

<b>Case Number:</b>	CM14-0147414		
<b>Date Assigned:</b>	09/15/2014	<b>Date of Injury:</b>	06/29/2006
<b>Decision Date:</b>	10/28/2014	<b>UR Denial Date:</b>	08/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/10/2014

### 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:

The injured worker is a 58-year-old female who reported a work related injury on 06/29/2006 due to turning a patient and sustaining an acute strain to the cervical, thoracic and lumbar spine. The injured worker's diagnoses consist of a cervical spine herniated nucleus pulposus, thoracic spine herniated nucleus pulposus, and a lumbar spine herniated nucleus pulposus. Past treatment has included medication and acupuncture. Upon examination on 06/05/2014, the injured worker complained of persistent pain in her mid back and low back with numbness and weakness of the lower extremities, right side greater than the left. She denied any pain in her neck at the time of the examination. On a scale of 0 to 10, the injured worker rated her pain as an 8/10 overall without medication or therapy. Her pain was noted to be reduced to a 5/10 with medications only. She stated that acupuncture therapy has previously afforded her significant pain relief lasting 2 months. Upon physical exam it was noticed that the patient revealed muscular spasms over the cervical spine region. There was no tenderness to palpation noted. Examination of the thoracolumbar spine reveals stiffness of the facet joints associated with muscular guarding of the paraspinal musculature. The injured worker was unable to perform range of motion. The injured worker's prescribed medications include tramadol, diclofenac, omeprazole, cyclobenzaprine, and mirtazapine. The injured worker's treatment plan consisted of continuation of medications for maintenance of her activities of daily living, acupuncture 2 times a week for 4 weeks, consultation with a pain management specialist for evaluation of further nonsurgical options for her thoracolumbar spine, and consultation with a psychologist/psychiatrist for evaluation and possible treatment of her symptoms of stress in relation to her chronic pain. A rationale for the request and request for authorization form was not submitted for review.

### 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): 287.

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

**Decision rationale:** The request for an X-ray of the lumbar spine is not medically necessary. The California MTUS/ACOEM Guidelines state that lumbar spine 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 over 6 weeks. However, it may be appropriate when the physician believes it may aid in the patient management. Documentation submitted for review did not document any evidence of red flags or support the need of an x-ray for patient management. Additionally, the length of time that has passed with no acute clinical findings does not warrant the medical necessity of an x-ray. As such, the request for an x-ray of the lumbar spine is not medically necessary.