

<b>Case Number:</b>	CM14-0162199		
<b>Date Assigned:</b>	10/07/2014	<b>Date of Injury:</b>	09/10/1996
<b>Decision Date:</b>	11/07/2014	<b>UR Denial Date:</b>	08/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2014

### 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 Illinois. 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 67-year-old female who reported a work related injury on 09/10/1996 due to customary duties. Her diagnoses were noted to include a lumbar sprain/strain. The injured worker's past treatments were noted to include physical therapy, injections and medication management. The injured worker's diagnostic studies were noted to include an x-ray of the lumbar spine on an unspecified date which revealed degenerative spondylolysis at L4 and L5, grade 1 with degenerative facets on the L4-5, L5-S1 on S1. Upon examination on 07/29/2014, the injured worker complained of moderate to severe pain in her lower back rated at 6/10 to 8/10 on the visual analog scale (VAS). The injured worker described the pain as constant, radiating proximally to her buttocks, bilateral hips, bilateral legs, bilateral knees, and bilateral feet, including her ankles, heels and toes; associated with tingling, cramping, burning, aching, throbbing, stabbing, dull and sharp pain along with stiffness, locking, bilateral legs giving away, popping and weakness. She had limited range of motion with flexion, extension, rotation, stooping, bending, lifting, pushing, pulling, carrying, climbing, running, walking, sitting, twisting, reaching overhead, reaching behind her back, squatting, kneeling and ascending/descending stairs. Upon evaluation of the lumbar spine range of motion, the injured worker maintained an active flexion to 45 degrees out of 60 degrees, extension to 15 degrees out of 25 degrees, right lateral flexion to 20 degrees out of 25 degrees and left lateral flexion to be 15 degrees out of 25 degrees. All range of motion endpoints were limited due to a discomfort felt in the lumbar vertebrae. The injured worker was noted to not be tender to palpation over the spinous process of the thoracic or lumbar vertebrae, nor was she tender over the paraspinal musculature of the lumbar vertebrae. The injured worker was noted to have a negative sitting straight leg raise bilaterally, as well as a negative Trendelenburg test. The injured worker's prescribed medications were noted to include ibuprofen, naproxen, and carisoprodol. The

treatment plan consisted of Request for Authorization for x-rays to include the right wrist, left wrist, right elbow, left elbow, right shoulder, left shoulder, cervical spine, thoracic spine, lumbar spine, and bilateral SI joints, a followup in 6 weeks, request medical records from previous providers, and a Request for Authorization for initial labs. The rationale for the request of an x-ray to the lumbar spine was noted to be, the physician did not currently possess an imaging study of that area. A 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:

**Lumbar spine X-ray:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Low back Page(s): 305.

**Decision rationale:** The request for Lumbar spine X-ray is not medically necessary. The California MTUS/ACOEM Guidelines state x-rays of the lumbar spine should not be recommended in patients with low back pain and the absence of red flags for serious spinal pathology, even if the pain has persisted for at least a 6 week. Additionally, the guidelines state unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery as an option. When the neurologic examination is less clear, however, further physiological evidence of nerve dysfunction should be obtained before ordering an imaging study. It is not documented that there has been a significant change in clinical status to acute injury or exacerbation to require additional x-rays. As such, the request for Lumbar spine X-ray is not medically necessary.