

<b>Case Number:</b>	CM14-0212089		
<b>Date Assigned:</b>	01/02/2015	<b>Date of Injury:</b>	01/25/2001
<b>Decision Date:</b>	02/23/2015	<b>UR Denial Date:</b>	12/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/18/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Family Practice

### 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 72-year-old male who reported an injury on 06/25/2001. The mechanism of injury was not included. His diagnoses included lumbar or lumbosacral disc degeneration, sciatica, lumbosacral spondylosis without myelopathy, lumbosacral neuritis or radiculitis. His past treatments have included acupuncture, physical therapy, bracing, pain medications, and a home exercise program. His diagnostic studies were not included. Surgical history was not included. The progress note dated 11/03/2014 documented the injured worker had complained of low back pain rated at a 5/10. He stated the pain was constant, exacerbated by bending, carrying, lifting, lying down, moving from sitting to standing, pulling, reaching, sitting, standing, and twisting. His physical examination findings indicated his pain limited the range of motion of the lumbar spine. Left hip flexion is 3+/5, right hip flexion is 4-/5, right and left knee extensions are 4/5. His medications were not included. The treatment plan indicated the dr. will request acupuncture, x-rays, and aquatic therapy. The rationale for the request included checking for motion segment instability as an underlying cause to his condition involving his chronic lumbar spine. The Request for Authorization form was not included in the medical record.

### 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 with flexion and extension views:** Upheld

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

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

**Decision rationale:** The ACOEM Guidelines state 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 for at least 6 weeks. However, it may be appropriate when the physician believes it would aid in patient management. 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 an option. The documentation submitted did not mention surgery as an option. There is also a lack of documentation regarding red flags for serious spinal pathology. As such, the request for x-ray of the lumbar spine with flexion and extension views is not medically necessary.