

<b>Case Number:</b>	CM14-0216639		
<b>Date Assigned:</b>	12/30/2014	<b>Date of Injury:</b>	09/21/2011
<b>Decision Date:</b>	02/27/2015	<b>UR Denial Date:</b>	12/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/15/2014

### 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: New Jersey, New York  
 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 43 year-old male who was injured on 9/21/11 after lifting and unloading heavy objects while working. He complained of stomach pain and was diagnosed with a small umbilical hernia. He had umbilical herniorrhaphy on 3/13/12. He had low back pain with weakness, numbness, and tingling in feet. He had decreased muscle strength of bilateral lower extremities. He had lumbar x-ray showed light anterior spur formation at L3-4 and L4-5. He had an MRI in 10/2011 showing disc protrusions, bilateral facet joint effusions, and foraminal stenosis. The patient had repeat lumbar x-rays in 4/2014. He was diagnosed with lumbosacral myospasm, lumbar spine disc protrusion, degenerative disc disease, and umbilical hernia. He was treated with epidural steroid injections, physical therapy, chiropractic sessions. The current request is for an x-ray of lumbar spine which was denied by utilization review on 12/14/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**X-rays to the lumbar spine:** Upheld

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

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

**Decision rationale:** The request is considered not medically necessary. The patient has had lower back pain since 2011 with multiple imaging studies done including MRI and x-ray. He continues with lower back pain with radiculopathy. There has been no change in exam that or red flags that would require an additional lumbar x-ray at this time. Therefore, the request is considered not medically necessary.