

<b>Case Number:</b>	CM14-0218864		
<b>Date Assigned:</b>	01/08/2015	<b>Date of Injury:</b>	01/18/2010
<b>Decision Date:</b>	03/12/2015	<b>UR Denial Date:</b>	12/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2014

### 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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 41 year old male, who sustained an industrial injury on 01/18/2010. The current diagnoses include low back pain, prior lumbar microdiscectomy, multiple disc protrusions, and radiculopathy to the right lower extremity. Treatment to date has included surgery, medications, and physical therapy. The injured worker presented on 11/18/2014 with complaints of increasing low back pain. According to the documentation, the injured worker was evaluated by a spine surgeon, who indicated the need for a repeat lumbar spinal surgery and fusion. Upon examination, there was positive tenderness in the paralumbar musculature, positive muscle spasm, 5/5 motor strength, 30 degree forward flexion with pain, positive straight leg raise, and diminished sensation in the L5 nerve root distribution. Recommendations included repeat x-rays and MRI studies of the lumbar spine. The injured worker was also instructed to continue diclofenac XR 100 mg and Wellbutrin 150 mg. There was no Request for Authorization form submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Repeat lumbar x-rays (x-ray exam 1-2 spine 4/>vws): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter

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

**Decision rationale:** The California MTUS/ACOEM Practice 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. There was no documentation of a significant functional deficit upon physical examination. There was diminished sensation and tenderness to palpation with spasm. The injured worker is status post lumbar spine microdiscectomy. There was no evidence of a worsening or progression of symptoms or physical examination findings to support the necessity for a repeat study. Given the above, the request is not medically appropriate at this time.