

<b>Case Number:</b>	CM15-0124765		
<b>Date Assigned:</b>	07/09/2015	<b>Date of Injury:</b>	09/26/2013
<b>Decision Date:</b>	08/05/2015	<b>UR Denial Date:</b>	06/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/29/2015

### 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, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

### 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 61-year-old female who sustained a work related injury September 26, 2013. According to a physician's progress notes dated May 29, 2015, the injured worker presented for a follow-up of right hip pain. She walks a lot on the job and sometimes experiences flares of the pain. She had a previous injection into the right hip with good relief for several weeks. The right hip pain radiates to the buttock, lateral thigh, and posterior right leg to the foot with light numbness. Physical examination revealed; 5'4" and 256 pounds, right hip exam; there is tenderness in the greater trochanter and flexion is 90 degrees. Back exam; straight leg raise is negative left and right, gait is antalgic and lumbar lordosis increased with some lumbosacral guarding. Impression is documented as degenerative disc disease with some degree of radicular complaints. At issue, is the request for authorization for a lumbar x-ray.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar x-ray:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints  
Page(s): 304.

**Decision rationale:** According to MTUS guidelines, x ray of the lumbar spine is indicated in case of disc protrusion, post laminectomy syndrome, spinal stenosis and equina syndrome. There is no evidence of any focal neurological examination or red flags to support the medical necessity of the request. Therefore, the request of x ray of the lumbar spine is not medically necessary.