

<b>Case Number:</b>	CM15-0164461		
<b>Date Assigned:</b>	09/01/2015	<b>Date of Injury:</b>	01/25/2010
<b>Decision Date:</b>	12/14/2015	<b>UR Denial Date:</b>	07/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/21/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 51-year-old who has filed a claim for chronic neck, low back, and wrist pain reportedly associated with an industrial injury of January 22, 2010. On a Utilization Review report dated July 23, 2015, the claims administrator failed to approve a request for lumbar spine x-ray. The claims administrator referenced a May 22, 2015 office visit and an associated June 11, 2015 RFA form in its determination. The applicant's attorney subsequently appealed. On June 13, 2015, the applicant received an L5-S1 steroid injection. On May 20, 2015, the applicant reported ongoing complaints of neck and low back pain. Electrodiagnostic testing of the lower extremities, plain film x-rays of the lumbar spine to include flexion, extension, and AP views, and 12 sessions of physical therapy were sought. The attending provider referenced lumbar MRI imaging of March 13, 2015 notable for large herniated L5-S1 intervertebral disk associated severe lateral recess stenosis. It was not stated how (if any) the lumbar MRI would influence or alter the treatment plan. Toward the top of the note, it was stated that the applicant was off of work, on disability, and had not worked for over five years.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Lumbar spine X-ray with AP/Lateral/Flexion/Extension views as an outpatients: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

**Decision rationale:** No, the request for lumbar spine x-rays with AP, lateral, flexion, and extension views was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 309, the routine usage of radiographs of the lumbar spine in the absence of the red flag signs or symptoms is deemed "not recommended." The MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 309 also notes that the routine usage of oblique x-rays of the lumbar spine is deemed "not recommended." Here, little-to-no rationale accompanied the request for authorization. The May 23, 2015 office visit at issue suggested the applicant had already had an established diagnosis of herniation of lumbar intervertebral disk with radiculopathy at the L5-S1 level established via lumbar MRI imaging of March 13, 2015, seemingly obviating the need for the x-rays in question. Therefore, the request was not medically necessary.