

<b>Case Number:</b>	CM15-0027539		
<b>Date Assigned:</b>	02/18/2015	<b>Date of Injury:</b>	09/21/2011
<b>Decision Date:</b>	07/07/2015	<b>UR Denial Date:</b>	01/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/13/2015

### 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: 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 injured worker is a 43 year old male who sustained an industrial lifting injury on 09/21/2011. The injured worker was diagnosed with lumbar spine degenerative disc disease, disc protrusion with radiculopathy and umbilical hernia. Treatment to date includes diagnostic testing, lumbar spine epidural steroid injection, psychiatric evaluation and treatment with pharmacological management, chiropractic therapy, physical therapy and medications. According to the primary treating physician's progress report on January 16, 2015, the injured worker continues to experience low back pain with bilateral leg pain, right greater than left. Physical examination was unchanged. Current medications are listed as Naproxen Buspar, Prozac and Sertraline. The injured worker is on temporary total disability (TTD). Treatment plan consists of a lumbar spine magnetic resonance imaging (MRI), Valium, general surgeon consultation for umbilical hernia and the current request for X-rays for the lumbar spine; AP, lateral, flexion and extension.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**X-rays for the lumbar spine; AP, lateral, flexion and extension:** 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, 304.

**Decision rationale:** The MTUS Guidelines do not recommend the use of lumbar spine x-rays 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 six weeks. However, it may be appropriate when the physician believes it would be 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. When neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings such as disk bulges that are not the source of painful symptoms and do not warrant surgery. The injured worker was initially injured in 2011 and has had recent changes or acute exacerbation of pain. There is no mechanism to rationalize screening with x-rays. There is no evidence of red flag conditions in the available documentation to warrant x-rays. The request for X-rays for the lumbar spine; AP, lateral, flexion and extension is determined to not be medically necessary.