

<b>Case Number:</b>	CM15-0068013		
<b>Date Assigned:</b>	04/15/2015	<b>Date of Injury:</b>	01/18/2010
<b>Decision Date:</b>	05/14/2015	<b>UR Denial Date:</b>	03/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/09/2015

### 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: North Carolina, Georgia  
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 47 year old male, who sustained an industrial injury on 1/8/10. He reported pain in his lower back. The injured worker was diagnosed as having lumbar sprain and disc herniation, lumbar radiculitis and sacroilitis. Treatment to date has included a lumbar MRI, lumbar epidural injection, physical therapy and acupuncture and pain medications. The injured worker has rated his pain a 6-9/10 since starting treatment. As of the PR2 dated 3/2/15, the injured worker reports continued lower back pain that radiates to the left leg. He has not responded to conservative treatments. The treating physician noted the lumbar MRI results from 1/28/15 showed mild broad left eccentric disc protrusion with a posterior annular tear at L5-S1. The treatment plan includes lumbar surgery at L5-S1 and an x-ray of the lumbar spine to assist in surgical planning. The treating physician requested an x-ray of the lumbar spine in anterior-posterior, lateral, flexion, and extension views.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**X-ray of the lumbar spine in anterior-posterior, lateral, flexion, and extension views:**  
Overtured

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Flexion/extension imaging studies.

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

**Decision rationale:** ACOEM states that should not be recommended in the absence of red flag findings of serious spinal pathology even if symptoms have persisted greater than 6 weeks. In this case, the request for lumbar x rays is to augment information from the MRI and results are to be used in surgical planning. The lumbar x rays are medically necessary.