

<b>Case Number:</b>	CM15-0092710		
<b>Date Assigned:</b>	05/19/2015	<b>Date of Injury:</b>	01/10/2013
<b>Decision Date:</b>	10/21/2015	<b>UR Denial Date:</b>	05/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/13/2015

### 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, North Carolina  
 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 51year old male, who sustained an industrial injury on January 10, 2013. The injured worker was diagnosed as having lumbar four to sacral one disc degeneration, left lumbar four to five mild lateral recess stenosis, lumbar four to sacral one facet arthropathy, left leg radiculopathy versus pseudo radiculopathy secondary to facet arthropathy, and chronic lumbago. Treatment and diagnostic studies to date has included medication regimen, electromyogram, and magnetic resonance imaging of the lumbar spine. In a progress note dated April 15, 2015 the treating physician reports complaints of pain to the low back that radiates to the left buttocks, posterior thigh, and intermittently to the calf, along with intermittent right anterior thigh numbness and right foot tingling that was noted to be "improved". Examination from April 15, 2015 was revealing for pain with range of motion and tenderness to the left lumbar four to five and lumbar five to sacral one levels. On April 15, 2015 the treating physician noted prior electromyogram with an unknown date to be revealing for lumbar five radiculopathy along with magnetic resonance imaging findings from 2013 that was revealing for left lateral recess stenosis of the left lumbar five nerve root. On April 15, 2015 the treating physician requested a chest x-ray noting a request for a left lumbar four to five and lumbar five to sacral one laminotomy and foraminotomy along with a right sided lumbar four to five laminotomy and foraminotomy. On May 04, 2015, the Utilization Review determined the request for a chest x-ray to be non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chest x-ray:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004.

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

**Decision rationale:** In this case, the request is for a pre-operative chest x-ray in a patient with degenerative disc disease in the lumbar spine. The surgical request is for surgical intervention at multiple levels in the lumbar spine. The request for surgery has previously been non-certified in the past. MRI of the lumbar spine reveals only slight disc bulges and mild facet arthropathy at multiple levels in the lumbar spine. With these findings, there is no clinical indication for lumbar surgery, therefore the current request for a pre-operative chest x-ray has no basis and is not medically necessary.