

<b>Case Number:</b>	CM15-0094351		
<b>Date Assigned:</b>	05/20/2015	<b>Date of Injury:</b>	07/09/2010
<b>Decision Date:</b>	06/22/2015	<b>UR Denial Date:</b>	04/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/15/2015

### 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: Emergency 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 47 year old female who sustained an industrial injury on 07/09/2010. Current diagnosis includes lumbar post-laminectomy syndrome-chronic. Previous treatments included medication management, lumbar surgery, home exercise program, and back brace. Previous diagnostic studies include MRI of the lumbar spine on 09/09/2014. Report dated 04/25/2015 noted that the injured worker presented with complaints that included pain in the low back and left lower extremity. Pain level was not included. Physical examination was positive for lumbar spine tenderness, reduced range of motion, and antalgic gait. The treatment plan included discussion of medication usage, prescribed Norco, and follow up in 1 month. Disputed treatments include x-ray of lumbar spine in AP, 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 lumbar spine in AP, lateral, flexion and extension views:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Radiography (x-ray).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic), Radiography (x-rays).

**Decision rationale:** The requested X-Ray of lumbar spine in AP, lateral, flexion and extension views is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 12, Low Back Complaints, Special Studies and Diagnostic and Treatment Considerations, Page 303 note "Lumbar spine x rays should not be recommended 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" and Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic), Radiography (x-rays) note "Radiography (x-rays) - Not recommend routine x-rays in the absence of red flags." The injured worker has pain in the low back and left lower extremity. Pain level was not included. Physical examination was positive for lumbar spine tenderness, reduced range of motion, and antalgic gait. The treating physician has not documented applicable red flag conditions. The criteria noted above not having been met, X-Ray of lumbar spine in AP, lateral, flexion and extension views is not medically necessary.