

<b>Case Number:</b>	CM15-0094439		
<b>Date Assigned:</b>	05/21/2015	<b>Date of Injury:</b>	08/13/2014
<b>Decision Date:</b>	06/25/2015	<b>UR Denial Date:</b>	05/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/18/2015

### 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 [REDACTED] beneficiary who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of August 13, 2014. In a Utilization Review report dated May 8, 2015, the claims administrator failed to approve a request for lumbar spine x-rays. An April 28, 2015 office visit was referenced in the determination. The applicant's attorney subsequently appealed. MRI imaging of the hip dated May 12, 2015 was notable for mild osteoarthritis of both hips, right greater than left, status post a remote right hip fracture fixation. In a progress note dated April 28, 2015, the applicant reported 4/10 low back pain radiating to the right leg, exacerbated by sitting, standing, and negotiating stairs. The applicant exhibited a normal gait with 5/5 bilateral lower extremity strength appreciated. Dysesthesias about the right leg were evident. MRI imaging of the head, x-rays of the lumbar spine, MRI imaging of the lumbar spine, and MRI imaging of the right hip were also endorsed while the applicant was placed off of work, on total temporary disability. The attending provider stated that he suspected a herniated disk involving the lumbar spine with resultant sciatic symptoms.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**X-Rays of the lumbar spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, X-Rays.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304.

**Decision rationale:** No, the request for x-rays of the lumbar spine was not medically necessary, medically appropriate, or indicated here. The attending provider stated that he suspected a diagnosis of disk protrusion with resultant sciatica in his April 28, 2015 progress note. However, the MTUS Guideline in ACOEM Chapter 12, Table 12-7, page 304 scores plain film x-rays of the lumbar spine a 1/4 in its ability to identify and define suspected disk protrusions, i.e., the diagnosis suspected here. It was not clearly stated or clearly established why plain film x-rays of the lumbar spine were sought for a diagnosis, i.e., disk protrusion with resultant sciatica, for which x-rays are scored poorly in their ability to identify and define, per ACOEM. Therefore, the request was not medically necessary.