

<b>Case Number:</b>	CM15-0096871		
<b>Date Assigned:</b>	05/27/2015	<b>Date of Injury:</b>	03/14/2015
<b>Decision Date:</b>	07/01/2015	<b>UR Denial Date:</b>	05/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/19/2015

### 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, Indiana, New York  
 Certification(s)/Specialty: Internal 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 64 year old male, who sustained an industrial injury on March 14, 2015. He reported that due to repeated work activities of prolonged standing, walking, cleaning, mopping, lifting, pushing, pulling, and carrying, he sustained injuries to the left foot, right shoulder, and back. The injured worker was diagnosed as having foot sprain/strain, neuralgia, neuritis, and radiculitis, lumbar sprain/strain, and shoulder sprain/strain. Treatment to date has included physical therapy and medication. Currently, the injured worker complains of lower back pain radiating to the leg, left foot pain, and right shoulder pain. The Doctor's First Report of Occupational Injury or Illness dated April 21, 2015, noted the injured worker with decreased range of motion (ROM) of the lumbar spine in all directions by 25% with increased pain and muscle spasms L1 to S1, left greater than right with positive bilateral straight leg raise. The right shoulder was noted to have decreased range of motion (ROM) in all directions by 20% with increased pain and muscle spasms anterior and posterior AC joint with positive impingement sign. The left ankle/foot was noted to have increased pain and tenderness of the left foot plantar surface. The treatment plan was noted to include requests for authorization for x-rays of the lumbar spine, right shoulder, and left ankle/foot and physical therapy, with referrals for the injured worker to undergo pulmonary and cardiac testing including a sleep disordered breathing study and a pain assessment report.

### 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:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Radiographs.

**Decision rationale:** Pursuant to the Official Disability Guidelines, x-ray lumbar spine is not medically necessary. Radiographs are not recommended in the absence of red flags. Lumbar spinal radiography should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if pain is persistent for six weeks. Indications for imaging include, but are not limited to, lumbar spine trauma; uncomplicated low back pain, trauma, steroids; uncomplicated low back pain, suspicion of cancer, infection; post surgery, evaluation status of fusion; etc. in this case, the injured worker's working diagnoses are foot sprain/strain; neuralgia, neuritis and radiculitis unspecified; lumbar sprain/strain; and shoulder strain/sprain. The date of injury is March 14, 2015. The mechanism of injury is repetitive work injury as a janitor. Subjectively, the injured worker complains of low back pain that radiates like. There is left foot pain and right shoulder pain. Objectively, there is decreased range of motion in all directions by 25% of the lumbar spine, increased pain and muscle spasms decreased muscle weakness. X-rays are pending. The guidelines do not recommend x-rays in the absence of red flags. There are no red flags for serious spinal pathology documented in the medical record. Additionally, indications for radiographs include lumbar spine trauma, neurologic deficit over the age of 70 with osteoporosis or suspicion of cancer, infection. Consequently, absent clinical documentation of red flags for serious spinal pathology documented in the medical record, x-rays lumbar spine are not medically necessary.