

<b>Case Number:</b>	CM15-0098387		
<b>Date Assigned:</b>	05/29/2015	<b>Date of Injury:</b>	07/01/1992
<b>Decision Date:</b>	07/08/2015	<b>UR Denial Date:</b>	05/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/21/2015

### 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: Physical Medicine & Rehabilitation

### 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 58-year-old male injured worker suffered an industrial injury on 07/01/1992. The diagnoses included lumbar radiculopathy, chronic pain syndrome and failed back syndrome. The diagnostics included lumbosacral x-rays. The injured worker had been treated with medications and spinal surgery. On 4/15/2015, the treating provider reported complaints of low back pain with bilateral buttock pain and left leg pain without medications 8 to 9/10 and with medications 5/10. On exam, there was lumbar spasms and reduced range of positive straight leg raise. The treatment plan included X-ray of lumbar spine.

### 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 AP/lateral views:** Upheld

**Claims Administrator 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 and thoracic (acute and chronic): radiograph.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official disability guidelines Low back Chapter, Radiography.

**Decision rationale:** The patient presents with back pain radiating to lower extremities. The request is for X-RAY OF LUMBAR SPINE AP/LATERAL VIEWS. The request for authorization is dated 04/28/15. The patient is status-post L3-S1 ALIF, 02/04/15. Physical examination of the lumbar spine reveals L3-L5 tender to palpation, decreased range of motion, and motor sensory impact both lower legs. Pain affecting ADLs, decreased functions, sleep and mobility. Pain not controlled with present medications since he stated physical therapy. Pain scale 8/10 with medications, no side effects, no evidence of drug addictions or diversion. Per progress report dated 04/15/15, the patient is permanent and stationary. For radiography of the low back, ACOEM ch12, low back, pages 303-305: "Special Studies and Diagnostic and Treatment Considerations 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." For special diagnostics, ACOEM Guidelines page 303 states "unequivocal objective findings that identify specific nerve compromise on the neurological examination is sufficient evidence to warrant imaging in patients who do not respond well to treatment and who would consider surgery as an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study." ODG-TWC, Low back Chapter under Radiography states: "Lumbar spine radiography 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 6 weeks." ODG further states, "Immediate imaging is recommended for patients with major risk factors for cancer, spinal infection, caudal equine syndrome, or severe or progressive neurologic deficits. Imaging after a trial of treatment is recommended for patients who have minor risk factors for cancer, inflammatory back disease, vertebral compression fracture, radiculopathy, or symptomatic spinal stenosis. Subsequent imaging should be based on new symptoms or changes in current symptoms." Treater does not discuss the request. It appears the treater went ahead with the X-Ray of Lumbar Spine prior to authorization. Per UR letter dated 05/04/15, patient was authorized for X-Ray of Lumbar Spine. The treater does not document or explain why a repeat X-Ray of Lumbar Spine is needed. In this case, there are no specific concerns for fracture, trauma, suspicion of cancer, and infection. There are no specific concerns raised to warrant a repeat set of X-Rays. Therefore, the request IS NOT medically necessary.