

<b>Case Number:</b>	CM14-0155760		
<b>Date Assigned:</b>	09/25/2014	<b>Date of Injury:</b>	10/14/2000
<b>Decision Date:</b>	11/06/2014	<b>UR Denial Date:</b>	09/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2014

### 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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of October 14, 2000. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; opioid therapy; and an earlier lumbar spine surgery. In a Utilization Review Report dated September 8, 2014, the claims administrator approved a CT myelogram of the lumbar spine while denying x-rays of the lumbar spine with scoliosis films. The applicant's attorney subsequently appealed. In a progress note dated August 1, 2014, the applicant reported persistent complaints of low back pain radiating into the left leg. The applicant also had symptoms of left leg weakness. The applicant's medication list included Hydrochlorothiazide, Lopressor, Plavix, Pravachol, Spiriva, Tylenol, Vicodin, and Coumadin. The applicant was a former smoker and did have COPD, it was noted. The applicant was status post multiple lumbar spine surgeries in 2003 and 2012, it was noted. The applicant exhibited an antalgic gait. Lower extremity strength ranged from 4-5/5 with positive straight leg raising appreciated. CT myelography and lumbar plain films were endorsed. The requesting provider was the applicant's spine surgeon.

### 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 with Scoliosis films:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, 308.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

**Decision rationale:** While the MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 309 does not recommend routine usage of radiographs of the lumbar spine, in this case, however, the requesting provider, a spine surgeon, has stated that he is intent on employing the proposed films to make a decision as to whether to pursue further lumbar spine surgery or not. The applicant is apparently having worsening radicular complaints. The applicant has superimposed issues with scoliosis. The attending provider sought authorization for the lumbar spine plain films in conjunction with CT myelography to apparently determine whether or not the applicant was a surgical candidate. This is an ACOEM-endorsed role for lumbar spine x-rays. Therefore, the request is medically necessary.