MAXIMUS Federal Services

Case Number:	CM13-0019345		
Date Assigned:	10/11/2013	Date of Injury:	11/17/2009
Decision Date:	01/29/2014	UR Denial Date:	08/19/2013
Priority:	Standard	Application Received:	09/03/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain 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 physician 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:

This is a male patient with a date of injury of 11/17/09. A utilization review determination dated 8/19/13 recommends certification of a right-sided microdecompression at L5-S1 and non-certification of x-ray of lumbar spine Rx 8/1/13 including flexion/extension films. The previous reviewing physician recommended non-certification of the x-ray lumbar spine including flexion/extension films due to the patient having had imaging of the lumbar spine and lack of documentation of an explanation and definite clinical indication for additional imaging. An appeal letter dated 9/2/13 identifies that the lumbar flexion and extension x-rays were recommended by [redacted] to evaluate for lumbar stability in the presence of movement. Objective examination findings noted to be from 8/1/13 identify, "back pain with return to standing following lumbar flexion. Lumbar extension was pain free. Straight leg raising on the right in the sitting position caused back pain at 90 degrees... Strength testing of the bilateral lower extremities showed normal strength on the left and 5- weakness in the external digitorum on the right." Diagnoses state, "L4-L5 disc bulge; right L5 neuroforaminal narrowing; L5-S1 severe right neuroforaminal narrowing; right L5 radicular pain." Treatment plan recommends, "appealing the denial of the lumbar flexion and extension x-rays...In order to thoroughly evaluate the lumbar spine prior to surgical intervention, the lumbar flexion and extension x-rays are required to evaluate for stability of the lumbar spine in the presence of disc pathology and degeneration."

IMR ISSUES, DECISIONS AND RATIONALES

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

X-ray lumbar spine, including flexion and extension: Overturned

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 Chapter, Flexion/extension imaging studies.

Decision rationale: Regarding the request for x-ray lumbar spine, including flexion/extension, California MTUS does not specifically address the issue. ODG states that, "For spinal instability, may be a criteria prior to fusion, for example in evaluating symptomatic spondylolisthesis when there is consideration for surgery." This request was non-certified due to a lack of documentation of an explanation and definite clinical indication for additional imaging, while a right-sided microdecompression at L5-S1 was certified at that time. Subsequently, the provider noted that the request was being made in order to evaluate for stability of the lumbar spine in the presence of disc pathology and degeneration. Given that flexion/extension x-rays are supported for the evaluation of spinal instability and the patient was a candidate for surgery with noted disc pathology and degeneration, the requested x-ray lumbar spine, including flexion/extension is medically necessary.