MAXIMUS Federal Services

Case Number:	CM13-0050489		
Date Assigned:	02/05/2014	Date of Injury:	05/18/1993
Decision Date:	05/02/2014	UR Denial Date:	11/06/2013
Priority:	Standard	Application Received:	11/12/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 68 year old female with date of injury of05/18/1993. The listed diagnoses per [redacted] are status post AP fusion L4-sacrum 1999, low back pain and lower extremity radiculopathy, right greater than left; Lateral greater trochanteric bursitis right hip; Osteoarthritis right knee; severe degenerative disease, C5-6; chronic use of Vicodin; and hypertension and gastric issues. According to report dated 10/29/2012 by [redacted], the patient presents with chronic low back pain radiating down her left lower extremity. Over the past several weeks, she has an increase in low back pain and new symptoms radiating down her right lower extremity. The pain is described as nagging and not going away. There is chronic numbness in her left lower extremity over the years. Currently her most severe symptoms involve the right buttock, lateral hip and anterolateral thigh. A flexion/extension lateral views X-ray of the lumbar spine was taken this day, which showed progressive degenerative disease at all levels above her fusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 FLEXION EXTENSION LATERAL X-RAY VIEWS OF THE LUMBAR SPINE: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Radiograph X-rays

Decision rationale: The MTUS and ACOEM Guidelines do not specifically discuss x-rays for the lumbar spine. However, the Official Disability Guidelines (ODG) has the following regarding radiograph x-rays; "Not commended routine x-rays in the absence of red flags. Lumbar spine radiographs 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 persistent for at least 6 weeks." X-rays, however, are indicated following lumbar surgery for assessment of fusion. This patient has had lumbar fusion and the treating physician is checking for fusion status as well as any segmental instability or movement. The request for 1 flexion extension lateral x-ray views of the lumbar spine is medically necessary and appropriate.