

<b>Case Number:</b>	CM13-0050853		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	10/11/2011
<b>Decision Date:</b>	04/24/2014	<b>UR Denial Date:</b>	11/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/14/2013

### 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 Internal 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 patient is an injured worker with the diagnoses of status post L4 to S1 posterior fusion in 2009, L2-3 and L3-4 adjacent segment disease with disc herniation and facet arthropathy, status post decompression and fusion at L2 to L4 as well as PLIF at L3-4. The date of injury was 10-11-2011. The progress report 10-09-2013 by orthopedic surgeon [REDACTED] documented the patient's clinical status. The patient still has pain in his lower back but he has had some improvement with surgery. He gets some burning pain in the right leg. On exam, he has tenderness and has significant guarding in his low back. His motion is limited. He can get on his tiptoes and heels. X-ray of the lumbar spine showed hardware to be in good position. There is some lucency around the screws at the level of L2. The interbody fusion is not very apparent. The posterolateral fusion is also not very apparent on the standard x-ray.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**X-RAY LUMBAR SPINE, AP AND LATERAL VIEWS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**Decision rationale:** The American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) discusses the use of x-ray for the evaluation of low back complaints, but does not discuss the use of x-rays post-surgery to evaluate status of fusion. Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) recommends plain x-rays post-surgery to evaluate status of fusion. In the progress report 10-09-2013, orthopedic surgeon [REDACTED] stated "there were concerns regarding the status of the fusion. The patient was referred for a CT scan of the lumbar spine with reformatted images. We need to make sure that the fusion is solid before this patient is made permanent and stationary." "X-ray of the lumbar spine showed hardware to be in good position. There is some lucency around the screws at the level of L2. The interbody fusion is not very apparent. The posterolateral fusion is also not very apparent on the standard x-ray." The utilization reviewer agreed with the need for CT scan to confirm a solid fusion and recommended certification of CT scan of lumbar spine to provide more detailed imaging of the status of the lumbar fusion. Given the limitations of X-ray radiography and the certification of CT scan of lumbar spine, the request for X-ray lumbar spine is not medically necessary. Therefore, the request for X-ray lumbar spine, AP and lateral views are not medically necessary.