MAXIMUS Federal Services

Case Number:	CM14-0001017		
Date Assigned:	01/22/2014	Date of Injury:	01/15/2008
Decision Date:	06/20/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	01/03/2014

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 patient is a 42 year old male who has submitted a claim for sacroiliitis and displacement of lumbar intervertebral disc without myelopathy associated with an industrial injury date of January 15, 2008. The patient complains of recurrent, non-radiating lumbar spine pain. Physical examination of the lumbar spine showed increased lordosis; paravertebral muscle spasm; tenderness over the L4-5 and L5-S1 facet joints and bilateral sacroiliac joint; limitation of motion; and a positive Kemp's test. The diagnoses include lumbar disc bulge; sacroiliac joint pain; 2mm retrolisthesis of the L5 on S1; lumbar facet arthropathy; lumbar neuralgia; and rule out lumbar discogenic pain. An MRI of the lumbar spine was obtained on May 10, 2012 and revealed early facet arthropathy without significant neural foraminal compromise; left eccentric annular prominence impressing upon the anterior epidural space and modestly upon the budding left S1 root with some dessication at the L5-S1; and spondylotic deformity with focal 3mm protrusion into the left lateral recess. The patient had received lumbar epidural steroid injection in the past which resolved the previously reported radicular symptoms. The current treatment plan includes a request for weight bearing lumbar spine radiographic series with flexion and extension views. Treatment to date has included oral and topical analgesics, lumbar epidural steroid injection and physical therapy. A utilization review determination from December 11, 2013 denied the request for weight bearing lumbar spine radiographic series with flexion and extension views because the documents do not clearly provide a rationale to suspect spinal instability.

IMR ISSUES, DECISIONS AND RATIONALES

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

WEIGHT BEARING LUMBAR SPINE RADIOGRAPIC SERIES WITH FLEXION AND EXTENSION VIEWS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, LOW BACK COMPLAINTS, 308-310

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: The ODG states that flexion/extension imaging studies may be criteria prior to fusion in cases of spinal instability; for example in evaluating symptomatic spondylolisthesis when there is consideration for surgery. In this case, there were complaints of recurrent, non-radiating lumbar spine pain. A weight bearing lumbar spine radiographic series with flexion and extension views was requested; however the indication was not discussed. The ODG recommends this type of imaging for spinal instability with consideration of spine surgery. The medical records did not provide objective evidence of spinal instability in this patient. There was also no mention of future surgical plans. The medical necessity has not been established. Therefore, the request is not medically necessary and appropriate.