

<b>Case Number:</b>	CM14-0103590		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	07/28/2003
<b>Decision Date:</b>	11/05/2014	<b>UR Denial Date:</b>	06/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/03/2014

### 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 Internal Medicine; Pulmonary Diseases 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 injured worker is a 46-year-old male who reported an injury on 07/28/2003. The mechanism of injury was not clearly indicated in the clinical notes. His diagnoses included status post L5-S1 laminectomy with disc extrusion, bilateral L1 through S1 facet joint syndrome, bilateral sacroiliac joint sprain and dysfunction, and lumbar spine radiculopathy clinically. His past treatments included surgery, medications, and acupuncture. His diagnostic exams were not clearly indicated in the clinical notes. His surgical history included a laminectomy of the L5-S1 with disc extrusion on 08/17/2013. On 06/03/2014 the injured worker complained of increased pain and difficulty completing activities of daily living, including walking. He reported that his pain was 4/10 with medication, and 7-8/10 without medications. The injured worker indicated that walking for prolonged periods, even with the medication, caused increased pain. Additionally, it was reported that the injured worker continued to suffer from surgical effects. The physical examination revealed that there was decreased range of motion of the lumbar spine. The range of motion values included 45 degrees of forward flexion, 0 degrees of extension, 10 degrees of left lateral bending, and 10 degrees of right lateral bending. The range of motion in all planes of the lumbar spine produced pain and spasms. The injured worker's medications included ibuprofen 800 mg and Tizanidine 4 mg. A request was received for an X-ray of Lumbar Spine 7 views plus Sacroiliac Joint. The rationale for the request is to update the status of bony structures including facets and sacroiliac joints, as they relate to the lower back. The Request for Authorization form was not submitted.

### 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, 7 views plus Sacroiliac (SI) Joint: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines-Low Back Radiography

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 296-297.

**Decision rationale:** The ACOEM Guidelines recommend an MRI for the indication of post laminectomy syndrome, when there is evidence of pain and dyesthesias at the level of nerve root operated on. Based on the clinical notes, the injured worker complained of difficulty performing activities of daily living and the pain with spasms while performing range of motion to the lumbar spine. However, the clinical notes failed to specify if the pain was exactly at the nerve root levels operated on in 2013. The operation was performed on the L5-S1 nerve root levels. Also, the guidelines recommend the use of a MRI and not an X-ray to determine if there is scarring present post operatively. Although, the injured worker had ongoing complaints of discomfort it is unclear if the pain was at the nerve root levels previously operated on. Therefore, due to lack of documentation indicating discomfort at the L5-S1 nerve root levels, the request is not supported. Thus, request for an X-ray of Lumbar Spine, 7 views plus Sacroiliac (SI) Joint is not medically necessary.