

Case Number:	CM14-0106268		
Date Assigned:	07/30/2014	Date of Injury:	04/09/2010
Decision Date:	09/12/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/09/2014

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:

Injured worker is a male with date of injury 4/9/2010 that occurred from lifting. The consultation report dated 6/17/2014 indicates that the injured worker complained of low back pain with radiation into the bilateral legs and soles of the feet. On examination he has decreased sensation to light touch over the left leg and foot, and tenderness to palpation with worsened pain upon extension, flexion, rotation and lateral flexion. Diagnoses include 1) failed back surgery syndrome 2) myofascial low back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar flex/ext/neutral X-RAY in lateral view: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

Decision rationale: The requesting physician reports that the surgeon advised the injured worker to not take off his back brace prior to retiring, and therefore he is questioning the adequacy of the fusion and the stability of that level. He is therefore requesting flexion and extension lumbar x-rays. The MTUS Guidelines do not recommend the use of lumbar spine x-rays in patients with

low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least six weeks. However, it may be appropriate with the physician believes it would be aid in patient management. Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings such as disk bulges that are not the source of painful symptoms and do not warrant surgery. The report that the patient has worsening symptoms and the concern of stability by the requesting physician is sufficient enough to warrant an x-ray at this time. Therefore, the request for lumbar flex/ext/neutral X-ray in lateral view is determined to be medically necessary.