MAXIMUS Federal Services

Case Number:	CM14-0016863		
Date Assigned:	03/05/2014	Date of Injury:	08/03/2010
Decision Date:	07/18/2014	UR Denial Date:	01/14/2014
Priority:	Standard	Application Received:	02/10/2014

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 Physical Medicine & Rehabilitation 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 64-year-old male who has submitted a claim for lumbar spondylolisthesis associated with an industrial injury date of August 3, 2010.Medical records from 2013-2014 were reviewed. Submitted clinical records lack subjective and objective information. Previous utilization review dated January 14, 2014 stated that the patient complained of low back pain. The pain was characterized as shooting towards the left leg in the L5-S1 distribution. Physical examination showed evidence of severe bilateral L4-L5 lateral recess stenosis, severe collapsed disc disease at L4-L5, L5-S1 laminectomies. MRI of the lumbar spine, dated February 18, 2014, revealed degenerative disc disease at L4-L5 with posterior disc bulging or mild disc protrusion being more prominent on the left, similar to the previous study and does not appear to result in spinal stenosis or foraminal narrowing; and mild disc bulging at other levels without significant spinal stenosis or foraminal narrowing. Treatment to date has included physical therapy.Utilization review, dated January 14, 2014, denied the request for x-ray lumbar spine without contrast qty:1 because there was limited clinical information and lack of findings on neurological examination suggesting nerve root compression and radiculopathy, coupled with the limited findings of degenerative changes on previous lumbar MRI scan.

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/LATERAL FLEXION/EXTENSION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation ODG Low Back (updated 12/27/2013).

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), LOW BACK CHAPTER, RADIOGRAPHY (X-RAYS).

Decision rationale: CA MTUS ACOEM states that lumbar spine X-rays 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 persisted for at least six weeks. However, it may be appropriate when the physician believes it would aid in patient management. In addition, according to ODG, indications for x-rays include lumbar spine trauma; uncomplicated low back pain due to trauma, steroids, osteoporosis, age > 70; myelopathy that is traumatic, painful, sudden in onset; or post-surgery, to evaluate the status of fusion. In this case, patient complained of low back pain. There was no documentation of subjective nor objective information on the submitted medical records. There is no comprehensive physical examination of the lumbar spine that may warrant further diagnostic study. Progress notes do not show recent surgery, or significant worsening of symptoms since previous lumbar imaging. Also, there is no reason to suspect failure of fusion. There is no evidence of new injuries that may support utilization of X-rays. A lumbar MRI from February 18, 2014 showed degenerative disc disease at L4-L5. It is unclear as to why a lumbar x-ray is necessary at this time. Therefore, the request for X-ray for lumbar spine AP (Anteroposterior) /Lateral Flexion/Extension is not medically necessary.