

Case Number:	CM14-0019349		
Date Assigned:	04/14/2014	Date of Injury:	08/17/2012
Decision Date:	06/30/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	02/14/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Management, 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 Physician 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:

This is a patient with a date of injury of 8/17/12. A utilization review determination dated 1/23/14 recommends non-certification of lumbar spine x-rays as there were no clinical findings of lumbar instability or a current traumatic injury. Lumbar spine MRI 6/4/13 reported mild spinal canal stenosis at L4-5 and L5-S1. There was moderate bilateral neural foraminal stenosis at L4-5 and mild at L5-S1. A 12/20/13 medical report identifies pain in the low back and left SI region. On exam, there is full ROM with mild pain and full extension. He has tenderness over the PSIS and left lumbosacral paraspinal musculature. Shear maneuver causes severe pain at the left SI joint. A course of PT was recommended. Lumbar flexion/extension x-rays were recommended to evaluate for instability if he does not respond to therapy or if his pain worsens, as were left SI joint x-rays.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-RAYS OF THE LUMBAR SPINE ANTERIOR/POSTERIOR LATERAL AND FLEXION/EXTENSION: Upheld

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

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: Regarding the request for X-rays of the lumbar spine anterior/posterior lateral and flexion/extension, the California MTUS guidelines do not specifically address flexion/extension x-rays. The ODG guidelines indicate that, for spinal instability, they may be a criterion prior to fusion, for example in evaluating symptomatic spondylolisthesis when there is consideration for surgery. Within the documentation available for review, the provider indicates a consideration for x-rays if the employee worsens or does not respond to PT. There is no indication that the employee subsequently worsened or did not respond to PT. Furthermore, prior MRI did not identify any findings suggestive of spondylolisthesis requiring further evaluation and there is no discussion regarding consideration for surgery. The employee's pain also appears to be most severe at the left SI joint. In light of the above issues, the currently requested X-rays of the lumbar spine anterior/posterior lateral and flexion/extension are not medically necessary.