

Case Number:	CM14-0112623		
Date Assigned:	08/01/2014	Date of Injury:	09/16/2007
Decision Date:	09/10/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/18/2014

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 and 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 injured worker is a 40-year-old female with a reported date of injury on 09/16/2007. The mechanism of injury was a fall. The injured worker was diagnosed with lumbar disc displacement without myelopathy, neck pain, pain in the shoulder joint, and pain the limb. Prior treatments included a sacroiliac joint injection on 05/14/2013, chiropractic treatment, physical therapy, aqua therapy, acupuncture, and oral medications. Diagnostic studies included an MRI of the lumbar spine which was performed 10/02/2007, EMG of the bilateral lower extremities performed on 01/23/2008, MRI of the lumbar spine which was performed on 04/28/2008, an MRI of the lumbar spine which was performed on 04/05/2011 and which revealed an L4-5 interbody fusion with "placement of tumor or tingling the cages" with no evidence of recurrent disc protrusion, cage displacement, or epidural fibrosis, and a CT of the lumbar spine performed on 06/02/2011 which revealed material within the disc space at L4-5 likely representing a bone graft, which is fused to the superior endplate of L5 and was also probably fused to the inferior endplate of L4 although the area was not seen due to artifact from adjacent surgical screws, and a separate narrow column of blood effusion was seen at the posterior aspect of the disc space as well. Surgical history included an L4-5 anterior lumbar interbody fusion on 06/28/2010. The clinical note dated 06/18/2014 noted the injured worker was seen by another physician for surgical consultation and the physical recommended diagnostic studies of the injured worker's back. The injured worker reported numbness. Another physician's consultation report was reviewed which recommended flexion and extension x-rays of the lumbar spine to rule out instability. The injured worker's medication regimen included lactulose, Lidoderm 5% patch, Neurontin, Protonix, Senokot S, diclofenac sodium, fentanyl 12 mcg/hr patch, fentanyl 25 mcg/hr patch, lidocaine 5% ointment and bupropion Hcl XL. The physician's treatment plan included recommendations for the injured worker to undergo a lumbar CT scan, undergo lumbar

spine flexion/extension x-rays, undergo an ultrasound study of the bilateral lower extremities to rule out DVT, and continue prescribed medications. The Request for Authorization was submitted on 07/03/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexion/Extension X-rays of the Lumbar Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Low Back-MRI, Radiography (x-rays), Lumbar CT, Knee and Leg, Doppler Ultrasound.

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

Decision rationale: The California MTUS/ACOEM guidelines state 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. The physician noted the injured worker reported numbness. The physician recommended flexion and extension x-rays of the lumbar spine to rule out instability. Within the provided documentation, there is a lack of documentation indicating the injured worker has significant instability upon examination for which x-ray examination would be indicated. There is a lack of documentation indicating the injured worker has any red flags indicative of serious spinal pathology. Additionally, there is a lack of documentation indicating how the performance of the requested x-rays would aid in the injured worker's management. As such, the request for Flexion/Extension X-Rays of the Lumbar Spine is not medically necessary.