

<b>Case Number:</b>	CM14-0155561		
<b>Date Assigned:</b>	09/25/2014	<b>Date of Injury:</b>	05/08/2013
<b>Decision Date:</b>	10/29/2014	<b>UR Denial Date:</b>	09/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2014

### 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 patient is a 47 years old female who was injured on 05/08/2013. The mechanism of injury is unknown. Prior medication history included tizanidine which had to be discontinued, Lyrica, and tramadol. The patient had lumbar surgery in 2000. Diagnostic studies reviewed include EMG/NCV of bilateral lower extremities revealed evidence for a bilaterally lumbosacral plexopathy, right greater than left. 3/3/14 note documented lumbar spine AP, lateral, standing flexion/extension lateral, PA ferguson and spot lateral roentgenograms were performed. A separate report has been transcribed regarding the interpretation the radiographs obtained in the office. Visit note dated 08/21/2014 documented the patient to have complaints of low back pain. He reported ongoing pain in the lower back that radiates down the left leg and described the pain as sharp, shooting, burning and throbbing. He rated his pain as 7/10. He did report using a TENS unit which helped to alleviate the pain providing him with 20-40% pain relief. He noted his functional tolerance at 10-15 minutes of sitting and standing and walking he is able to tolerate for 5-10 minutes. He has difficulty with activities of daily living such as difficulty bathing, driving, dressing and grooming. He is unable to participate in household chores, cooking or sexual activity. On exam, he has limited range of motion of the lumbar spine. He has decreased motor strength in the left lower extremity. There are paresthesias to light touch in the medial left leg and patellar reflexes are 1+ bilaterally as well as Achilles tendon. He has positive SI joint compression test and positive slump test. He is diagnosed with lumbar spine neuritis or radiculitis, lumbosacral disc degeneration, and post-laminectomy syndrome of lumbar region. He has been recommended for an X-ray of the lumbar spine with flex and extension to check for motion segment instability. Prior utilization review dated 09/15/2014 by [REDACTED] states the request for X-ray of the Lumbar Spine Flexion and Extension Views is denied as medical necessity has not been established. 8/27/14 note indicated that lumbosacral spine flexion and

extension views were done recently and showed no instability but degenerative disc disease at L5-S1.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **X-ray of the Lumbar Spine Flexion and Extension Views: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers Compensation Low Back Procedure Summary

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 12 Low Back Complaints Page(s): 303-305, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back procedure summary, indications for plain x-rays

**Decision rationale:** Guidelines do not recommend routine X-rays in the absence of red flags. Flexion/extension imaging studies are recommended to evaluation spondylolisthesis and spinal instability. According to utilization review dated 09/15/2014, 8/27/14 note indicated that lumbosacral spine flexion and extension views were done recently and showed no instability but degenerative disc disease at L5-S1. The medical record do not show any red flag symptom changes that require a repeat flexion and extension xray. The medical necessity is not established for this request.