

<b>Case Number:</b>	CM14-0171613		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	07/23/2009
<b>Decision Date:</b>	12/04/2014	<b>UR Denial Date:</b>	09/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/17/2014

### 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, has a subspecialty in Interventional Spine 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 50-year-old male with date of injury of 07/23/2009. The listed diagnoses per [REDACTED] from 07/30/2014 are: 1. Lumbar discogenic disease with stenosis. 2. Radiculopathy of the lower extremities. According to this report, the patient complains of low back pain with radiating symptoms down the lower extremities extending to his feet. He has numbness and tingling in the left leg. The patient has weakness in the lower extremities. It is aggravated by bending, twisting, and turning. Examination shows the patient is well-developed, well-nourished in no acute distress. Visual inspection of the lumbosacral spine shows normal lordosis. There is tenderness to palpation over the lower lumbar spine with evidence of paravertebral muscle spasms. Range of motion of the lumbar spine is restricted. Positive sitting straight leg raise. Positive sciatic notch tenderness bilaterally. The patient has a difficult time performing normal heel walk and toe walk. Sensation is intact to light touch and pinprick in all dermatomes of the bilateral lower extremities. The patient's gait and station are unremarkable. The documents include progress reports from 05/16/2014 to 10/22/2014. The utilization review denied the request on 09/16/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**X-rays: flexion/extension views (lumbar spine): Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) under the low back chapter on Flexion/Extension imaging studies

**Decision rationale:** This patient presents with low back pain. The treater is requesting X-Rays: Flexion/Extension Views (Lumbar Spine). The MTUS and ACOEM Guidelines do not discuss this request. However, ODG under the low back chapter on Flexion/Extension imaging studies states, "Not recommended as a primary criteria for range of motion. An inclinometer is the preferred device for obtaining accurate, reproducible measurements. See range of motion (ROM); flexibility. For spinal instability, maybe a criteria prior to fusion, for example in evaluating symptomatic spondylolisthesis when there is consideration for surgery. See fusion (spinal)." The records do not show any X-ray or MRI of the lumbar spine. The 07/30/2014 report notes, "The patient should have a full series of x-rays of the lumbar spine including flexion and extension views and he should have a new MRI of the lumbosacral spine." The treater does not explain why flexion/extension x-ray views are needed. There is no evidence of spondylolisthesis/lysis to consider flex/ext views either. The request is not medically necessary.