

<b>Case Number:</b>	CM14-0172475		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	11/23/2011
<b>Decision Date:</b>	12/02/2014	<b>UR Denial Date:</b>	10/09/2014
<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 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 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 51 years old female with an injury date on 11/23/2011. Based on the 09/23/2014 hand written progress report provided by [REDACTED], the diagnosis is Lumbar disc disease (DDD). According to this report, the patient complains of "LBP with RLE. Pain in 7/10, most severe at night." Physical exam reveals "TTP over PSMLSP," decrease range of motion, and tenderness over the sciatic notch. The 08/19/2014 report indicates "low back pain rated as 8/10;" associated with weakness, numbness, and tingling in the right leg. Exam of the lumbar spine reveals decreased sensation to light touch at the right foot. Tenderness, guarding, and spasm are noted over the paravertebral region, bilaterally. Manual muscle testing reveals 4/5 strength with flexion, extension and bilateral lateral bend. MRI of the lumbar spine on 05/20/2014 shows a 2mm disc bulge, mild foraminal and lateral recess stenosis and mild degenerative facet disease at L4-5; and a 2mm disc bulge, mild narrowing of the inferior aspects of the left neural foramen, and slight lateral recess stenosis bilaterally at L3-4. There were no other significant findings noted on this report. The utilization review denied the request on 10/09/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 05/21/2014 to 09/23/2014

### 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 with AP, Lateral, Flexion and Extension Views: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**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 under Radiography

**Decision rationale:** According to the 09/23/2014 report by [REDACTED] this patient presents with 7/10 low back that is most severe at night. The provider is requesting X-ray of the lumbar spine with AP, lateral Flexion and extension views. Regarding radiography of the lumbar spine, ODG states "Lumbar spine radiography 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 6 weeks." ODG further states indication for x-ray is considered when there Lumbar spine trauma; a serious bodily injury, neurological deficit, seat belt (chance) fracture or uncomplicated low back pain; trauma, steroids, osteoporosis, over 70, suspicion of cancer, and infection. Review of reports indicates the patient's pain is 7/10 with no new neurological exam findings. There is no evidence of prior X-ray of the lumbar spine. There are no specific concerns for fracture, trauma, suspicion of cancer, and infection to consider an X-ray. The patient also does not present with spondylolisthesis of Spondylolysis to consider flex/ext X-rays. Therefore, this request is not medically necessary.

**CT Discogram 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 (ODG), Low Back-Lumbar and Thoracic (web: updated 8/22/14)

**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 under Discography

**Decision rationale:** According to the 09/23/2014 report by [REDACTED] this patient presents with 7/10 low back that is most severe at night. The provider is requesting CT Discogram of the lumbar. Regarding discography, ODG guidelines states "Not recommended. In the past, discography has been used as part of the pre-operative evaluation of patients for consideration of surgical intervention for lower back pain. However, the conclusions of recent, high quality studies on discography have significantly questioned the use of discography results as a preoperative indication for either IDET or spinal fusion." ACOEM guidelines do not support discography unless lumbar fusion surgery is a realistic consideration. In this case, the patient does not present with instability, fracture, dislocation, spondylolisthesis or other conditions that would warrant a lumbar fusion surgery. Discography would not be indicated. Therefore, this request is not medically necessary.