

Case Number:	CM14-0034983		
Date Assigned:	06/23/2014	Date of Injury:	09/25/2001
Decision Date:	07/18/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	03/20/2014

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, 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 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 presented with a date of injury of September 25, 2001. A utilization review determination dated March 6, 2014 recommends non-certification of a lumbar x-ray with oblique, flexion and extension views. A progress report dated February 18, 2014 identifies subjective complaints of low back pain which radiates into the left L4 and L5 distribution. The patient also has left lower extremity weakness, numbness in the left lower extremity, and stiffness of the back. Physical examination identifies positive straight leg raise on the left side, tenderness to palpation over the paraspinal muscles, and tenderness to palpation over the facet and sacroiliac joints. There is also decreased sensation to light touch in the L5 and S1 distributions on both sides. Diagnoses include displacement of lumbar intervertebral disc without myelopathy and postlaminectomy syndrome. The treatment plan recommends continuing medication and request for an x-ray of the lumbar spine with oblique, flexion and extension views. The discussion states, "x-rays to check the stability of the fusion because of worsening symptoms." A note dated December 2013 has similar complaints and findings.

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 obliques, flexion, and extension views.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 303-304.

Decision rationale: The MTUS/ACOEM Guidelines state that 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 6 weeks. However, it may be appropriate when the physician believes it would aid in patient management. Guidelines go on to state that subsequent imaging should be based on new symptoms or a change in current symptoms. Additionally, guidelines state that flexion and extension imaging studies are not recommended except for the identification of the spinal instability prior to a fusion. Within the documentation available for review, it is unclear how the patient's symptoms and physical examination findings have worsened since the time of the fusion. Additionally, it is unclear why the requesting physician is suspecting instability of the fusion to explain the patient's change in symptoms. Finally, it is unclear when the most recent imaging of the patient's lumbar spine was performed. In the absence of clarity regarding those issues, the request for x-ray of the lumbar spine with oblique, flexion, and extension views is not medically necessary and appropriate.