

Case Number:	CM14-0077614		
Date Assigned:	07/21/2014	Date of Injury:	11/16/2012
Decision Date:	09/17/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	05/27/2014

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 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 46-year-old male with a reported date of injury of 11/16/2012. The injury reportedly occurred when the injured worker was pushing and pulling a car. His diagnoses were noted to include status post L4-5, L5-S1 anterior-posterior fusion, spondylolisthesis, radiculopathy/radiculitis, incidental findings of a 3 mm right middle lobe pulmonary nodule. His previous treatments were noted to include modification of activities, medications, chiropractic treatment, pain management and surgery. The progress note dated 05/12/2014 revealed the injured worker had lower abdominal pain, but his back and leg pain were improving. The injured worker indicated that he felt improvement since his last visit. He felt about 50% improved, but still had residual back and leg pain and numbness. The physical examination of the lumbar spine noted an improved gait and the injured worker ambulated with a cane. There was tenderness noted around the incision anterior and posteriorly. There was tenderness to palpation on the left L4-5 and L5-S1. The range of motion was limited secondary to pain. There was decreased motor strength and decreased sensation in the left lower extremity. There was a positive straight leg raise to the left leg. The provider indicated an x-ray of the lumbar spine was performed 06/13/2013, which revealed on flexion-extension there was an area of instability with translation and also with an angular instability. The Request for Authorization form dated 05/12/2014 was for an x-ray to the lumbar spine to check fusion process.

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: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Canale: Campbell's Operative Orthopaedics, 10th edition, p. 1711.

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

Decision rationale: The injured worker had a previous x-ray performed 04/2014. The CA MTUS/ACOEM Guidelines do not recommend lumbar spine x-rays in patients with low back pain in the absence of red flags or 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. The guidelines recommend radiography to identify and define disc protrusion, cauda equina syndrome, spinal stenosis and post-laminectomy syndrome. There is lack of documentation regarding red flags or significant clinical findings to warrant an x-ray of the lumbar spine. The guidelines state an x-ray is recommended for evaluation at the site of a fusion. However, the injured worker has had an x-ray 04/2014, and there is a lack of clinical findings to warrant an additional x-ray. Therefore, the request is not medically necessary.