

Case Number:	CM14-0142534		
Date Assigned:	09/10/2014	Date of Injury:	11/01/2006
Decision Date:	01/07/2015	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/03/2014

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 Internal Medicine and is licensed to practice in Maryland. 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 employee was a 52 year old male who sustained an industrial injury on 11/01/2006. He had a history of two level arthrodesis and had x-rays on 09/25/12, 10/10/12, 11/21/12, 1/2/13, 1/30/13 and 2/27/13. The progress note from 07/30/14 was reviewed. Subjective complaints included low back pain with some left leg burning pain as well. He had numbness and tingling. He took Norco and Gabapentin. Pertinent examination findings included flattening of the lumbar lordosis, well healed surgical scar in the posterior lumbar region, tenderness in the paraspinal musculature of the lumbar region on the left, midline tenderness noted in the lumbar region, limited range of motion of lumbar spine, normal motor examination and slightly diminished sensory examination. X-ray taken on the day showed patient was status post two level arthrodesis. The pedicle screws were at L5-S1 and fusion and cage were noted at L4-5. The request is for retrospective lumbar spine x-ray.

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: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, 308. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, Plain radiograph

Decision rationale: According to ACOEM guidelines, lumbar spine 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 six week. However it may be appropriate when the physician believes it would aid in patient management. Unequivocal findings that identify nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery as an option. The Official disability guidelines on low back pain list post-surgical status as an indication for plain x-rays to evaluate status of fusion. The request for x-ray lumbar spine is medically necessary.