

Case Number:	CM14-0175895		
Date Assigned:	12/15/2014	Date of Injury:	02/15/2000
Decision Date:	01/23/2015	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	10/23/2014

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 Rehab 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 53-year-old female who has submitted a claim for post laminectomy lumbar syndrome associated with an industrial injury date of February 14, 2000. Medical records from 2014 were reviewed. The patient complained of sudden exacerbation of low back pain on the right side. The pain was progressively increasing accompanied by tightness and aggravated by standing, sitting, and lying down. Alleviating factor included bending forward. Physical examination showed muscle spasm and guarding over the lumbar spine, limited lumbar motion, normal motor strength, normal muscle tone, and absence of trophy. No abnormality was observed on gait examination. The CT scan of the lumbar spine, dated July 5, 2012, revealed post-operative changes consistent with anterior interbody fusion at L2, L3 and L4 without evidence of spinal instability. The MRI of the lumbar spine on February 11, 2011 also revealed post-operative changes with no signs of spinal instability. Treatment to date has included lumbar fusion on 2000, hardware removal on 2001, physical therapy and medications. The present request for x-ray of the lumbar spine is to determine lumbar spine stability and hardware integrity. The utilization review from October 22, 2014 denied the request for x-ray of the lumbosacral spine in flexion and extension views because of absence of red flag signs to warrant imaging.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 X-ray of lumbar sacral spine in flexion and extension views: Overturned

Claims Administrator 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-Lumbar & Thoracic (Acute & Chronic)

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

Decision rationale: The CA MTUS ACOEM states that 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 weeks. However, it may be appropriate when the physician believes it would aid in patient management. In this case, the patient complained of sudden exacerbation of low back pain on the right side status post lumbar fusion on 2000 and hardware removal on 2001. The pain was progressively increasing accompanied by tightness and aggravated by standing, sitting, and lying down. Alleviating factor included bending forward. Physical examination showed muscle spasm and guarding over the lumbar spine, limited lumbar motion, normal motor strength, normal muscle tone, and absence of trophy. The present request for x-ray of the lumbar spine is to determine lumbar spine stability and hardware integrity. Given the sudden exacerbation of low back pain on a 53-year-old female who underwent lumbar surgeries, the medical necessity of imaging has been established. Therefore, request for x-ray of lumbosacral spine in flexion and extension views is medically necessary.