

Case Number:	CM14-0193722		
Date Assigned:	12/01/2014	Date of Injury:	12/07/2000
Decision Date:	03/05/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	11/19/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, the injured worker is a 66 year-old male with a date of injury of 12/07/2000. The results of the injury include low back pain. Diagnoses have included lumbar radiculitis, lumbar post laminectomy, and sacroiliac sprain/strain. Diagnostic studies have not been included in the submitted documentation. Treatments have included medications, epidural steroid injections, physical therapy, acupuncture, home exercise program, and surgical intervention. Medications have included Motrin, Zanaflex, Cymbalta, and Neurontin. Surgical intervention has included lumbar laminectomy of L4-L5 and L5-S1 in 05/2001. A progress note from the treating physician, dated 12/15/2014, documents a follow-up visit with the injured worker. The injured worker reported constant low back pain with frequent referral down the bilateral legs to the heels; pain increases with activities; pain is deep burning, aching sensation that can be stabbing in the back, with more pain at night; pins and needles and numbness to the legs; and bladder urgency. Objective findings included stooped, wide-based gait; loss of normal lordosis with straightening of the lumbar spine; range of motion of lumbar spine is restricted with flexion at 35 degrees, with normal extension, right lateral bending, left lateral bending, and lateral rotation to the left; paravertebral muscle tenderness on both sides; spinous process tenderness on L4 and L5; FABER test is positive bilaterally; tenderness noted over piriformis muscle and over the sacroiliac joint on the left side; and loss to light touch bilateral L5 levels on sensory examination. Work status is listed as retired. The treating physician documented that more surgery was recommended but deferred. Treatment plan was documented to include x-ray of the lumbar spine to include flexion/extension, lateral, oblique, and

posterior/anterior; medications to include Cymbalta, Mobic, Zanaflex, and Neurontin; and follow-up evaluation in four weeks. Request is being made for a prescription for X-ray Lumbar Spine: flexion/extension, lateral, oblique, posterior/anterior. On 11/11/2014, Utilization Review non-certified a prescription for X-ray Lumbar Spine: flexion/extension, lateral, oblique, posterior/anterior. Utilization Review non-certified a prescription for X-ray Lumbar Spine: flexion/extension, lateral, oblique, posterior/anterior based on the need for continued imaging in the present clinical setting needing to be reconciled with previous evaluations and present indications that the injured worker is not a self-candidate for surgery, this rendering the need for continued diagnostic imaging moot. The Utilization Review cited the ACOEM Guidelines: Low Back Complaints; CA MTUS Guidelines: Special Studies and Diagnostic and Treatment Considerations; and the ODG: Low Back (updated 10/28.2014), Radiography: Indications for imaging. Application for independent medical review was made on 11/19/2014.

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; flexion/extension, lateral, oblique, posterior/anterior: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Radiography (x-rays), Indications for imaging, Plain x-rays

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Low back chapter, Radiography

Decision rationale: This patient presents with chronic low back and bilateral leg pain with pin and needles sensation with numbness in the legs. The patient is status post lumbar laminectomy of L4-5 and L5-S1 on May 2001. The current request is for X-RAY LUMBAR SPINE: FLEXION/EXTENSION, LATERAL, OBLIQUE, POSTERIOR/ANTERIOR. The Utilization review denied the request stating that "the need for continued imaging in the present clinical setting needs to be reconciled with previous evaluations and present indications that the patient is not a self candidate for surgery, rendering the need for continued diagnostic imaging moot." For special diagnostics, ACOEM Guidelines page 303 states "unequivocal objective findings that identify specific nerve compromise on the neurological examination is sufficient evidence to warrant imaging in patients who do not respond well to treatment and who would consider surgery as an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study." ODG under the low back chapter does not recommend routine x-rays in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least 6 weeks. Imaging is indicated only if patients have severe progressive neurologic impairments or signs or symptoms indicating a serious or specific underlying condition, or if they are candidates for invasive interventions. ODG further states: "Immediate imaging is recommended for patients with major risk factors for cancer, spinal infection, caudal equine syndrome, or severe or progressive neurologic deficits. Imaging after a trial of treatment is recommended for patients who have minor risk factors for cancer, inflammatory back disease, vertebral compression fracture, radiculopathy, or symptomatic spinal stenosis. Subsequent imaging should be based on

new symptoms or changes in current symptoms." In this case, the patient does not present with serious spinal injury, neurological deficit from trauma or suspected fracture to warrant x-rays of the lumbar spine. The requested x-ray IS NOT medically necessary. In this case, the patient does not present with serious spinal injury, neurological deficit from trauma or suspected fracture to warrant x-rays of the lumbar spine. The requested x-ray IS NOT medically necessary.