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| <b>Case Number:</b>   | CM14-0208598 |                              |            |
| <b>Date Assigned:</b> | 12/22/2014   | <b>Date of Injury:</b>       | 09/19/2013 |
| <b>Decision Date:</b> | 02/27/2015   | <b>UR Denial Date:</b>       | 12/03/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/12/2014 |

### 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: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented [REDACTED] employee who has filed a claim for low back and knee pain reportedly associated with an industrial injury of September 19, 2013. In a Utilization Review Report dated December 3, 2014, the claims administrator failed to approve a request for plain film radiography of the lumbar spine. A November 21, 2014 progress note and associated RFA form of November 24, 2014 were referenced. The applicant's attorney subsequently appealed. An EEG report of January 3, 2014 was interpreted as abnormal. Clinical correlation was advised. In a February 28, 2014 progress note, the applicant was placed off of work, on total temporary disability, owing to ongoing complaints of neck pain and headaches. 5/5 bilateral upper extremity strength was noted with 4+ to 5-/5 lower extremity strength. The applicant had continued to report an antalgic gait, was apparently not using a cane or other device. MRI imaging of the lumbar spine dated April 14, 2014 was notable for compression fractures of T11 and L2. On June 24, 2014, the applicant was, once again, placed off of work, on total temporary disability. On August 12, 2014, the applicant was placed off of work, on total temporary disability. The applicant was described as having healed compression fractures of T6, T12, and L2. The applicant allegedly had symptomatic spondylolisthesis at L4-L5, not responsive to conservative therapy. The applicant was reportedly a candidate for a lumbar fusion surgery. The applicant was reportedly using Norco and tramadol. The applicant was placed off of work, on total temporary disability. The applicant was apparently using a cane to move about. The applicant remained off of work on a progress note of September 24, 2014, it was incidentally noted. The bulk of the documentation on file, it is incidentally noted, comprised of documentation

associated with the applicant's admission and/or ED visits associated with the September 19, 2013 injury. On December 9, 2014, the applicant was apparently experiencing unacceptable levels of pain. The applicant was apparently uncertain whether he wished to pursue surgical intervention. The applicant was placed off of work, on total temporary disability. The applicant was again given a diagnosis of spondylolisthesis at L4-L5.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**X-Ray Lumbar Spine:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

**Decision rationale:** As noted in the MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 309, the routine usage of plain film radiography of the lumbar spine is deemed "not recommended." Here, a progress note of September 9, 2014, referenced above, suggested that the applicant was not intent on pursuing any kind of surgical remedy for his primary reported diagnosis of symptomatic spondylolisthesis. It is not clear, thus, why plain film radiographs of the lumbar spine were subsequently sought, although it is acknowledged that the November 21, 2014 progress note which the claims administrator referenced in its rationale was not seemingly incorporated into the Independent Medical Review packet. The information which is on file, however, fails to establish a clear rationale for the request. The fact that the applicant is seemingly not intent on pursuing any kind of surgical remedy for his primary reported diagnosis of symptomatic spondylolisthesis argues against the need for plain film x-rays of the lumbar spine. Therefore, the request is not medically necessary.