

Case Number:	CM15-0005238		
Date Assigned:	01/16/2015	Date of Injury:	07/05/2012
Decision Date:	03/18/2015	UR Denial Date:	12/26/2014
Priority:	Standard	Application Received:	01/09/2015

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:

The injured worker is a 48 year old male, who sustained a work related injury on 7/5/12. He reported being rear-ended in a motor vehicle accident with sudden onset of dizziness, headache, neck and low back pain. The diagnoses have included lumbar disc herniation without myelopathy, lumbar degenerative joint disease, lumbar myalgia, lumbar myalgia, lumbar myospasm and lumbar neuritis/radiculitis. Treatment to date has included a MRI of the cervical spine, x-rays, CAT Scans of cervical and lumbar spine and head, electrodiagnostic studies, 20 sessions of physical therapy, 6-8 sessions of acupuncture, 2 chiropractic treatments and oral medications. In the PR-2 dated 11/25/14, the injured worker complains of chronic, sharp back pain with muscle spasms. He has pain that radiates to hips, legs and feet. He rates the pain a 5/10 at rest and 8/10 with activity. He has decreased range of motion in lumbar spine. He has guarding and tenderness to palpation of lower back. On 12/26/14, Utilization Review non-certified a request for x-rays with AP lateral, flexion and extensions of the lumbar spine, noting there is no documentation of an acute injury. This injured worker has an established medical history. ODG was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-rays with AP lateral, flexion and extension of the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Radiography

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation low back chapter, flexion/extension imaging studies

Decision rationale: This patient presents with neck pain radiating to the bilateral arms and low back pain radiating to the toes. The treater is requesting X-RAYS WITH AP, LATERAL, FLEXION, AND EXTENSION OF THE LUMBAR SPINE. The RFA was not made available for review. The patient's date of injury is from 07/05/2012 and his current work status was deferred to PTP. The MTUS and ACOEM Guidelines do not address flexion and extension x-rays. The ODG Guidelines under the low back chapter on flexion/extension imaging studies state, "not recommended as a primary criteria for range of motion. An inclinometer is the preferred device for obtaining accurate, reproducible measurements for spinal instability, may be a criteria prior to fusion, for example, in evaluating symptomatic spondylolisthesis when there is consideration for surgery."The records do not show any previous x-ray with AP, lateral, flexion and extension of the lumbar spine. The treater references an MRI of the lumbar spine from 08/02/2012 that reveals L5-S1 4.5-mm disk bulge with associated facet arthropathy and bilateral neuroforaminal stenosis encroaching the right and left exiting nerve roots. At L4-L5, there is a 3.8-mm disk bulge with associated facet arthropathy with bilateral neuroforaminal stenosis encroaching the left and right L4 exiting nerve roots. At L3-L4, there is a 2.5-mm disk bulge with associated facet arthropathy and bilateral neural foraminal stenosis. At L2-L3, there is a 3.8-mm disk bulge with annular tear and associated facet arthropathy and bilateral neuroforaminal stenosis. The 11/25/2014 report made a request for x-rays with AP lateral flexion and extension; however, a rationale for the request was not provided. In this case, the patient does not meet the criteria set by the ODG Guidelines for an x-ray with AP lateral, flexion, and extension. The request IS NOT medically necessary.