

Case Number:	CM15-0005430		
Date Assigned:	01/16/2015	Date of Injury:	07/19/2013
Decision Date:	03/20/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	01/10/2015

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 56-year-old male who reported an injury on 07/19/2013. The mechanism of injury was lifting. He is diagnosed with right L5 radiculopathy, lumbar herniated nucleus pulposus at L5-6, disc protrusion at L4-5, and grade 1 lumbar spondylolisthesis at L5-6. His past treatment included chiropractic treatment, home exercise, and medications. Electrodiagnostic studies revealed evidence of mild right L5 radiculitis. The injured worker had an orthopedic consultation on 12/08/2014. His symptoms were noted to include low back pain with radiating symptoms in the right leg with associated weakness in his calf and foot, as well as numbness and tingling in the right foot. A physical examination revealed a mild antalgic gait with weakness in the right foot, decreased range of motion, normal sensation and motor strength in the left lower extremity, and positive right straight leg raising. Additionally, it was specified that he has weakness of his right extensor hallucis longus, right gastroc soleus, and right peroneal and hamstring muscles. It was also noted that an MRI had revealed a grade 1 spondylolisthesis and focal herniated nucleus pulposus at L5-6 and a small disc protrusion at L4-5. A recommendation for a pain management referral for an epidural steroid injection. It was also noted that a possible decompression lumbar laminectomy and fusion was discussed. However, it was noted that the need for surgery would be discussed further after getting flexion and extension lumbar x-rays. It was also stated that the injured worker appeared to be a candidate for surgical fusion if he does not improve after exhausting conservative management options to include at least 1 epidural injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-rays Lumbar Spine 5 views and Flexion/Extension views: 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)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, Flexion/extension imaging studies.

Decision rationale: According to the California MTUS/ACOEM Guidelines, lumbar x-rays may be appropriate when the physician it would aid in patient management. More specifically, the Official Disability Guidelines state flexion and extension imaging studies may be recommended for spinal instability prior to fusion, for example, in evaluating symptomatic spondylolisthesis when there is consideration for surgery. The injured worker was noted to have evidence of spondylolisthesis on lumbar MRI and neurological deficits on physical examination. Therefore, it was noted that he could possibly be a candidate for a lumbar fusion after failure of appropriate conservative care to include at least epidural steroid injection. The clinical information submitted for review indicated that the injured worker had been treated with medications and chiropractic therapy. However, he had not yet undergone the recommended epidural steroid injection or an adequate course of physical therapy prior to the discussion for lumbar fusion. As the injured worker has not yet failed the adequate course of conservative treatment, it is unclear whether he is actually a candidate for lumbar fusion at this time. While the requested x-rays may be indicated after failed conservative care, until the adequate trial has been completed, the necessity of the x-rays is not established. As such, the request is not medically necessary.