

<b>Case Number:</b>	CM15-0006866		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	12/31/1994
<b>Decision Date:</b>	03/18/2015	<b>UR Denial Date:</b>	12/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2015

### 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 75 year old male, who sustained an industrial injury on 12/31/1994. The diagnoses have included degeneration of lumbar or lumbosacral intervertebral disc. Treatment to date has included surgical intervention and conservative measures. A magnetic resonance imaging of the lumbar spine (with flexion/extension), dated 9/10/2014, noted disc desiccation throughout the lumbar spine, reduced intervertebral disc height throughout the lumbar levels, grade I retrolisthesis, grade I anterolisthesis, renal cyst on the right, and diffuse disc protrusion compressing the thecal sac. A consulting progress report, dated 12/03/2014, noted increased and worsening back pain, ongoing and chronic in nature, with episodic sciatica, right greater than left. He reported numbness and tingling along the dorsum of his right foot. Walking was limited due to a combination of back and leg pain. Physical exam revealed no focal tenderness and full motor strength in the lower extremities, except for iliopsoas, which were 4-/5 bilaterally. Recommendations were noted for single-photon emission computed tomography of the lumbar spine and a series of dynamic x-rays of the lumbar spine (AP, lateral, and flexion/extension views). On 12/26/2014, Utilization Review non-certified a request for single-photon emission computed tomography of the lumbar spine, and a series of dynamic x-rays of the lumbar spine (AP, lateral, and flexion/extension views), citing Official Disability Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **SPECT-CT 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 (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic), SPECT (Single Photon Emission Computed Tomography)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low back chapter: SPECT (single photon emission computed tomography)

**Decision rationale:** According to the 12/03/2014 report, this patient presents with an increasing back pain. This has been ongoing and chronic in nature, but again has been progressively worsening. The current request is for SPECT- CT of the lumbar spine. The request for authorization is on 12/28/2014. The patient's work status was not mentioned in this report. Regarding SPECT, ODG guidelines states not recommended for general use in back pain. Under study as a screening criteria for facet joint injections or suspected inflammatory arthropathies not diagnosed by more common tests. The decision to use SPECT (single photon emission computed tomography) in most patients with low back pain cannot be supported by clinical trials. (Littenberg, 1995) (ACR, 2000). In reviewing the provided reports, the UR denial letter states "The patient has persistent low back pain, however there were no significant exam findings or indications that use of this imaging modality would be appropriate despite the guideline recommendations. Therefore, the prospective request for 1 SPECT-CT of the lumbar spine Is non-certified." The requested SPECT is not supported by the guidelines at this time; therefore, the request IS NOT medically necessary.

## **1 Series of Dynamic X-Rays of the Lumbar Spine: AP, Lateral, and Flexion/Extension Views: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic), Digital Motion X-Ray (DMX); Videofluoroscopy (for range of motion)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation low back chapter under Radiography

**Decision rationale:** According to the 12/03/2014 report, this patient presents with an increasing back pain. This has been ongoing and chronic in nature, but again has been progressively worsening. The current request is for 1 series of dynamic X-ray of the lumbar spine, AP, lateral, and flexion/extension views. Regarding radiography of the lumbar spine, ODG states "Lumbar spine radiography 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 6 weeks." ODG further states indication for x-ray is considered when there is Lumbar spine trauma; a serious bodily injury, neurological deficit, seat belt (chance) fracture or uncomplicated low back pain;

trauma, steroids, osteoporosis, over 70, suspicion of cancer, and infection. In reviewing of the provided reports, indicate the patient's pain has been progressively worsening with no new neurological exam findings. There is no evidence of prior X-ray of the lumbar spine. There are no specific concerns for fracture, trauma, suspicion of cancer, and infection to consider an X-ray. However, the patient does present with a grade 1 retrolisthesis of T12 over L1, L1 over L2, L2 over L3 and L4 over L5 to consider flex/ext X-rays; therefore, the request IS medically necessary.