

<b>Case Number:</b>	CM15-0008908		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	10/04/2000
<b>Decision Date:</b>	03/17/2015	<b>UR Denial Date:</b>	01/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/15/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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 injured worker is a 64 year old male who sustained an industrial related injury on 10/4/00. The injured worker had complaints of low back pain and bilateral lower extremity pain. Treatment included placement of a spinal cord stimulator. Regarding the spinal cord stimulator the physician noted for the last year the left side has been nonfunctioning. X-rays were recommended to see where the leads are and whether they are where they were first implanted 8 years ago. Diagnoses included failed back surgery syndrome status post 4 previous lumbar surgeries, chronic low back pain, bilateral lower extremity radicular pain, status post implantation of spinal cord stimulatory system, and malfunctioning of the left lead of the spinal cord stimulator system. The treating physician requested authorization for x-rays of the thoracic and lumbar spine in 2 views AP and lateral. On 1/13/15 the request was non-certified. The utilization review physician cited the Official Disability Guidelines and noted in September of 2014 x-rays of the thoracic spine were obtained, which showed the electrodes of the neurostimulator device to terminate at the T9-10 level. It was unclear why additional films would be necessary. Therefore the request was non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**X-rays of Thoracic and Lumbar Spine in 2 views AP & Lateral: 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), Treatment Index, 13th Edition (web), 2015, Low Back Chapter, Radiography

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low back section, Radiographs

**Decision rationale:** Pursuant to the Official Disability Guidelines, x-rays of the thoracic and lumbar spine 2 view (AP and lateral) are not medically necessary. The guidelines do not recommend routine x-rays in the absence of red flags. Lumbar spine x-rays 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 six weeks. Indiscriminate imaging may result in false positive findings that are not the source of painful symptoms and do not warrant surgery. The indications for radiographic imaging are enumerated in the Official Disability Guidelines. They include, but are not limited to, thoracic spine trauma, severe trauma, pain, no neurologic deficit; with neurologic deficit. Additional indications are lumbar spine trauma, neurologic deficit; uncomplicated low back pain, trauma, steroids, osteoporosis, over 70; uncomplicated low back pain, suspicion of cancer, infection; etc. See the guidelines for details. In this case, the injured worker's working diagnoses are status post lumbar surgeries X 4; failed back syndrome; chronic low back; bilateral lower extremity radicular pain (worse on left); status post implantation of SCS and rechargeable internal pulse generator (IPG) in 2006; and malfunction of the left lead of the SCS system. Subjectively, the injured worker has ongoing complaints of low back pain and bilateral lower extremity pain secondary to multiple lumbar surgeries. Objectively, the injured worker ambulates with the cane. There are well-healed surgical scars in the thoracic and lumbar region where the spinal cord stimulator leads have been implanted and anchored in the lower thoracic spine. The guidelines do not recommend routine x-rays in the absence of red flags. Lumbar spine x-ray should not be recommended in patients with low back pain in the absence of red flags. Indiscriminate imaging may result in false positive findings that are not the source of painful symptoms and not warrant surgery. Documentation does not contain a clinical indication or rationale as to why additional x-rays of the thoracic and lumbar spine are required. Consequently, absent clinical documentation to support thoracic and lumbar spine 2 view x-rays in agreement with the ODG, x-rays of the thoracic and lumbar spine 2 view (AP and lateral) are not medically necessary.