

<b>Case Number:</b>	CM15-0009270		
<b>Date Assigned:</b>	01/27/2015	<b>Date of Injury:</b>	08/10/2011
<b>Decision Date:</b>	03/19/2015	<b>UR Denial Date:</b>	12/17/2014
<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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 60 year old male injured worker suffered an industrial injury on 8/10/2011. The diagnoses were lumbar disc herniation with spondylolisthesis. The treatments were lumbar fusion arthrodesis and medications. The treating provider reported the injured worker's pain was manageable. The improvement was rated as 50% improvement. The injured worker was walking better and was no longer taking pain medications as the pain was manageable and tolerable. The Utilization Review Determination on 12/17/2014 non-certified 5 View Flexion/Extension Lumbar Spine - X-ray citing ACOEM and ODG.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**5 View Flexion/Extension Lumbar Spine - X-ray:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG, Low Back, Radiography

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back-Lumbar & Thoracic (Acute & Chronic), (ODG) Radiography (x-rays)

**Decision rationale:** The claimant is more than 3 years status post work-related injury and continues to be treated for chronic low back pain. Guidelines address the role of imaging after a lumbar spine fusion with applicable criteria in this case including obtaining plain film x-rays to evaluate the status of the fusion. In this case, the claimant underwent a lumbar fusion for the treatment of spondylolisthesis with a 50% improvement. Therefore the requested x-rays of the lumbar spine including lateral flexion and extension views is medically necessary.