

Case Number:	CM15-0142990		
Date Assigned:	08/03/2015	Date of Injury:	10/02/2013
Decision Date:	09/04/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/23/2015

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(n) 47 year old male, who sustained an industrial injury on 10-2-13. He reported pain in his lower back after a twisting injury. The injured worker was diagnosed as having lumbar degenerative disc disease with L5-S1 disc protrusion, left neural foraminal mild stenosis and annular fissure at L4-L5. Treatment to date has included a TENs unit, physical therapy, a lumbar epidural injection at L4-L5 with good relief, a left sacroiliac injection with mild to moderate relief, Voltaren gel and Orphenadrine. On 3-25-15, the treating physician noted a positive straight leg raise test. As of the PR2 dated 5-5-15, the injured worker reports 10% improvement in his back pain. Objective findings include decreased lumbar range of motion and a negative straight leg raise test in the seated and supine positions. The treating physician requested a lumbar S1 x-ray AP-lat, flexion and extension views.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar S1 x-ray-AP/Lat, flexion and extension views: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, 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 Chapter under Flexion/Extension Imaging Studies.

Decision rationale: The 47 year old patient complains of lower back pain radiating to the left side, as per progress report dated 05/05/15. The request is for lumbar s1 x-ray-AP/LAT, flexion and extension views. There is no RFA for this case, and the patient's date of injury is 10/02/13. Diagnoses, as per progress report dated 05/05/15, included degenerative disc disease of the lumbar spine with L5-S1 disc protrusion, left neural foraminal mild stenosis, and annular fissure at L4-5. Medications included Voltaren, Protonix and Allopurinol. The patient has been allowed to work with restrictions, as per the same progress report. ODG guidelines, Low back chapter under Flexion / Extension Imaging Studies, state the following: Not recommended as a primary criteria for range of motion. An inclinometer is the preferred device for obtaining accurate, reproducible measurements. See Range of motion (ROM); Flexibility. For spinal instability, may be a criteria prior to fusion, for example in evaluating symptomatic spondylolisthesis when there is consideration for surgery. In this case, the patient has undergone a lumbar x-ray in the past on 02/14/14. As per progress report dated 05/05/15, the imaging study revealed 'degenerative disk disease with disk height loss and osteophyte formation. An MRI, date not provided, reviewed in the same progress report, revealed annular tear at L4-5 and disk protrusion to the left on L5-S1 producing mild left neural foraminal stenosis. The levels involved were not reported. However, there is no discussion regarding evaluation of symptomatic spondylolisthesis, lumbar instability and impending fusion surgery, as required by ODG for flexion/extension x-rays. Hence, the request is not medically necessary.