

<b>Case Number:</b>	CM15-0149467		
<b>Date Assigned:</b>	08/12/2015	<b>Date of Injury:</b>	06/08/2012
<b>Decision Date:</b>	09/30/2015	<b>UR Denial Date:</b>	07/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/31/2015

### 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 54 year old male who sustained an industrial injury on 06-08-2012. Mechanism of injury occurred when he was lifting a 60 pound prop overhead. Diagnoses include lumbago, spinal lumbar stenosis, and persistent right L5 radiculopathy with right L4-5 lateral recess stenosis. Treatment to date has included diagnostic studies, medications, status post lumbar laminectomy and discectomy in 2012. Status post lumbar fusion on 09-29-2014, and physical therapy. Medications include Wellbutrin, Cozaar, Zoloft and Aleve. A Magnetic Resonance Imaging of the lumbar spine done on 01-07-2015 showed L4-5 lateral recess stenosis, and left neural foraminal stenosis are appreciated. A physician progress note dated 06-08-2015 documents the injured worker complains of constant lower back pain and pain radiating to her buttocks, hips and into his hamstrings and anterior shins. He rated his pain as 4 out of 10. His pain can increase to 8 out of 10 with activity. He also reports tingling in his right anterior foot. On examination he has muscle spasms next to the spinous processes, and lumbar range of motion is restricted. The treatment plan is for the injured worker to return to the surgeon who performed his surgery for right L4-5 transforaminal epidural steroid injection. Treatment requested is for Lumbar Spine X-Ray with AP/Lateral/Flexion/Extension Views.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar Spine X-Ray with AP/Lateral/Flexion/Extension Views: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter under Flexion/Extension Imaging Studies.

**Decision rationale:** The current request is for Lumbar Spine X-Ray with AP/Lateral/Flexion/Extension Views. The RFA is dated 07/06/15. Treatment history included lumbar fusion on 09-29-2014, medications and physical therapy. The patient is TTD. ODG Guidelines, Low Back Chapter under Flexion/Extension Imaging Studies Section, recommends it for spinal instability, "may be a criteria prior to fusion, for example in evaluating symptomatic spondylolisthesis when there is consideration for surgery." MTUS/ACOEM Practice Guidelines, 2nd Edition (2004), pg 303-305, Chapter 12 "Low Back Complaints" under Special Studies and Diagnostic and Treatment Considerations states: "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." Progress report dated 06-08-2015 documents that the patient complains of constant lower back pain and pain radiating to his buttocks, hips hamstrings and anterior shins. He also reports tingling in his right anterior foot. On examination he has muscle spasms next to the spinous processes, and lumbar range of motion is restricted. The treater states that the patient requires lumbar spine x-rays. The patient is s/p lumbar function on 09/29/14 and presents with continued with neuropathic pain. A Magnetic Resonance Imaging of the lumbar spine was done on 01-07-2015 which showed L4-5 lateral recess stenosis, and left neural foraminal stenosis are appreciated. In this case, there is no mention of instability or spondylolisthesis in prior imaging studies provided, and progress reports do not discuss spondylolisthesis to warrant a set of flexion and extension lumbar X-rays. Therefore, the request is not medically necessary.