

Case Number:	CM15-0161898		
Date Assigned:	08/27/2015	Date of Injury:	11/29/2013
Decision Date:	10/05/2015	UR Denial Date:	07/29/2015
Priority:	Standard	Application Received:	08/17/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of November 29, 2013. In a Utilization Review report dated July 29, 2015, the claims administrator failed to approve a request for lumbar spine x-rays. The claims administrator referenced a progress note dated June 2, 2015 in its determination. The applicant's attorney subsequently appealed. On said June 2, 2015 progress note, the applicant reported ongoing complaints of low back pain reportedly intractable. The applicant reported difficulty with sitting, stooping, bending, and extending at the low back. The applicant was considering a left carpal tunnel release procedure. The applicant was placed off of work, on total temporary disability. Manipulative therapy and a lumbar rhizotomy procedure were endorsed. The attending provider stated that he would like to obtain "updated" x-ray imaging of the applicant's low back to evaluate the applicant's bony anatomy and SI joints. The requesting provider was a chiropractor, it was incidentally noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-Ray lumbar spine flexion, extension & Sacral spot: 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): 309. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Low Back Disorders, pg. 377 3.

Decision rationale: No, the request for flexion-extension views of the lumbar spine was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 309, the routine usage of radiographs of the lumbar spine to include routine oblique views is deemed "not recommended" in the absence of red-flag signs or symptoms. Here, the requesting provider, a chiropractor (DC), reported on June 2, 2015 that he was in fact ordering plain film imaging of the lumbar spine for routine evaluation purposes, without any clearly-formed intention of acting on the results of the same. The requesting provider did not state precisely what was suspected and/or how the proposed flexion-extension lumbar spine would influence or alter the treatment plan. While the Third Edition ACOEM Guidelines Low Back Chapter does recommend flexion-extension views of the lumbar spine in applicants with symptomatic spondylolisthesis in whom there is consideration for surgery, here, again, there was no mention of the applicant's willingness to consider or contemplate any kind of surgical intervention involving the lumbar spine based on the outcome of the study in question. The fact that the requesting provider was a chiropractor (as opposed to a spine surgeon) further reduced the likelihood of the applicant's going on to consider surgical intervention based on the outcome of the same. There was no mention of the applicant's carrying a diagnosis of symptomatic spondylolisthesis, it was further noted. Therefore, the request was not medically necessary.