

Case Number:	CM15-0168946		
Date Assigned:	09/09/2015	Date of Injury:	02/19/2012
Decision Date:	10/07/2015	UR Denial Date:	07/29/2015
Priority:	Standard	Application Received:	08/27/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 53 year old female sustained an industrial injury to the low back on 2-19-12. On 7-7-15, the injured worker underwent L2-5 anterior-posterior fusion. In a progress report dated 7-23-15, the injured worker reported that right lower extremity pain and weakness was improved. The injured worker was stiff having difficulty with walking. The injured worker had stopped taking Norco due to excessive constipation. Physical exam was remarkable for lumbar spine with clean, dry and intact surgical incisions without redness or drainage, no tenderness to palpation to the lumbar spine, normal lumbar lordosis, normal lumbar range of motion and 4 out of 5 strength to the right tibialis anterior, extensor hallucis longus and peroneal. X-rays of the lumbar spine showed stable L2-5 fusion with corrected scoliosis. Current diagnoses included lumbar spine stenosis, acquired spondylolisthesis and scoliosis. The treatment plan included increasing dosage of Oxycontin, adding Ativan for muscle spasms, increasing Neurontin dosage, a Medrol dose pack for acute inflammation and continuing ambulation only. On 7-29-15, Utilization Review noncertified a request for post-op x-ray 2 views (AnteroPostero Flexion, extension) lumbar spine noting lack of red flags.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op x-ray 2 views (AnteroPostero Flexion, extension) lumbar spine: Overturned

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s):
Special Studies.

Decision rationale: The ACOEM chapter on back complaints 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. However, it may be appropriate when the physician believes it would aid in patient management. The documentation for review does show that these post op x-rays would assist the treating physician in management of the patient and therefore the request is medically necessary.