

Case Number:	CM15-0181603		
Date Assigned:	09/22/2015	Date of Injury:	03/04/1997
Decision Date:	11/06/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	09/15/2015

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: 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 49-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of March 4, 1997. In a Utilization Review report dated September 10, 2015, the claims administrator failed to approve a request for an x-ray of the lumbar spine. The claims administrator referenced an office visit of September 3, 2015 in its determination. The applicant's attorney subsequently appealed. On said September 3, 2015 office visit, the applicant reported ongoing complaints of low back pain radiating to the right leg. The applicant had gone to the emergency department for a recent flare of pain, it was reported. Severe pain complaints were noted. The applicant had reportedly ceased working secondary to severe pain and stated that she could not do anything during the day. The applicant's medication list included Norco, Opana, Valium, topical gabapentin powder, and Motrin. The attending provider contended that the applicant was a candidate for a lumbar fusion procedure. The attending provider suggested that the applicant had a history of significant L4-L5 disk space collapse status post three failed lumbar microdiscectomy procedures. X-rays of the lumbar spine were sought, seemingly to evaluate for suspected instability.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-ray of the 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): Surgical Considerations, Summary. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Low Back Disorders, pg. 377.

Decision rationale: Yes, the request for x-rays of the lumbar spine was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 309, radiographs of the lumbar spine are "recommended" when red flags or fracture are present. Here, by analogy, the applicant had alleged issues with instability of the lumbar spine status post three prior failed discectomy procedures. The MTUS Guideline in ACOEM Chapter 12, page 307 notes that applicants with increased spinal instability after prior failed surgical decompression may be candidates for spinal fusion surgery. Obtaining plain film radiography of the lumbar spine was, thus, indicated to assess the presence or absence of instability prior to planned lumbar spine surgery, particularly in light of the fact that Third Edition ACOEM Guidelines also note that plain film x-rays of the lumbar spine are commended to evaluate for suspected symptomatic spondylolisthesis in applicants in whom there is consideration for surgery or other invasive treatment, as was the case here. Therefore, the request was medically necessary.