

<b>Case Number:</b>	CM15-0200299		
<b>Date Assigned:</b>	10/15/2015	<b>Date of Injury:</b>	03/24/2011
<b>Decision Date:</b>	12/03/2015	<b>UR Denial Date:</b>	09/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2015

### 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 37-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of March 24, 2011. In a Utilization Review report dated September 16, 2015, the claims administrator failed to approve requests for lumbar spine x-ray and a functional capacity evaluation. The claims administrator referenced an August 24, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On August 24, 2015, the applicant reported ongoing complaints of low back pain, reportedly minimal at this point. The attending provider expressed concern that the claims administrator had denied his request for radiograph to monitor the progression of previously performed lumbar fusion. The attending provider reiterated his request for the lumbar spine x-rays. Additional physical therapy and a functional capacity evaluation were sought. The attending provider stated that annual x-rays were needed to evaluate the integrity of the earlier multilevel lumbar fusion surgery. The applicant's work status was not clearly reported, although it did not appear applicant was working at this point. In an earlier note July 13, 2015, the applicant was placed off of work, on total temporary disability for an additional six weeks. Additional physical therapy and acupuncture were sought.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One anniversary Post-op X-ray of lumbar spine, four views: AP/lateral/flex/extension:**  
Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back- Lumbar & Thoracic (Acute & Chronic): Radiography. (2015).

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Summary. Decision based on Non-MTUS Citation American College of Radiology ACR Appropriateness Criteria.

**Decision rationale:** Yes, the request for postoperative x-rays of the lumbar spine-four views-was medically necessary, medically appropriate, and indicated here. While the MTUS Guideline in ACOEM Chapter 12, page 12-8, page 309 notes that the routine usage of radiographs of the lumbar spine in the absence of red flags signs and symptoms is deemed "not recommended," here, however, the attending provider seemingly ordered the x-rays in question for a specific purpose, namely to monitor the integrity of indwelling lumbar fusion hardware status post earlier multilevel spine surgery. The American College of Radiology (ACR) likewise notes that radiographs do have a role in the postoperative evaluation of instrumentation and fusion hardware, as was present here. Therefore, the request was medically necessary.

**Functional Capacity Evaluation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness For Duty: Functional Capacity Evaluation. (2015).

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation, and Chronic Pain Medical Treatment 2009, Section(s): Work conditioning, work hardening.

**Decision rationale:** Conversely, the request for a Functional Capacity Evaluation (FCE) was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 2, page 21 does acknowledge that functional capacity evaluation can be considered when necessary to translate medical impairment into limitations and to determine work capability, here, however, the applicant was placed off of work, on total temporary disability, on July 13, 2015. It did not appear that the applicant had a job to return to as of that stage in the course of the claim. It was not clearly stated, in short, why functional capacity testing was sought in the clinical and/or vocational context present here. While page 125 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that a functional capacity evaluation can be employed as a precursor to enrollment in the work hardening program. Here, however, there was no mention of the applicant considering or contemplating enrollment in a work hardening program on or around the date of the request, August 24, 2015. Therefore, the request was not medically necessary.

