

Case Number:	CM15-0025064		
Date Assigned:	02/17/2015	Date of Injury:	11/06/2014
Decision Date:	03/31/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	02/10/2015

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, California
 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:

The injured worker is a 21 year old female, who sustained an industrial injury on 11/06/2014. She has reported low back pain upon standing from a seating position. Diagnoses include pain out of proportion to physical findings of the lower back pain and lumbago. Treatment to date has included medication regimen, physical therapy, and x-rays. In a progress note dated 12/23/2014 the treating provider reports severe back pain to the lower back that radiates to the buttocks and legs. Physical examination of the lumbar spine (12/23/14), revealed tenderness on palpation, limited range of motion, positive SLR, 5/5 strength and normal sensation. Physical examination of the 11/14/14 spine revealed negative SLR and tenderness on palpation. The treating physician requested flexion and extension lumbar spine x-rays to rule out instability and a lumbar orthosis for support. The medication list includes Norco, Flexeril, Vicodin, Ibuprofen, Midol and Naproxen. The patient has had X-rays for this injury. Any diagnostic imaging report was not specified in the records provided. Patient has received 2/3 PT visits for this injury.

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: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines ,Low Back pain

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Page 303-304. Decision based on Non-MTUS Citation Low Back (updated 03/24/15) Flexion/extension imaging studies Radiography (x-rays)

Decision rationale: Request: X-Ray Lumbar spine Flexion /ExtensionPer the ACOEM guidelines cited below, regarding lumbar X-ray "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."In addition per the ODG guidelines cited below Flexion/extension imaging studies are "Not recommended as primary criteria for range of motion. An inclinometer is the preferred device for obtaining accurate, reproducible measurements. For spinal instability, may be a criteria prior to fusion, for example in evaluating symptomatic spondylolisthesis when there is consideration for surgery."A plan for surgery is not specified in the records provided.The patient has had X-rays for this injury Any diagnostic imaging report was not specified in the records provided.Any significant findings since these imaging studies that require repeat imaging/ X-rays with flexion/extension views were not specified in the records provided.Patient has received 2/3 PT visits for this injury.A trial and response to complete course of conservative therapy including PT visits was not specified in the records provided. The records submitted contain no accompanying current PT evaluation for this patient. Detailed response to previous conservative therapy was not specified in the records provided.The medical necessity of the request for X-Ray Lumbar spine Flexion /Extension is not fully established in this patient.

Lumbar spine Orthosis: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): page 301. Decision based on Non-MTUS Citation Lumbar spine Orthosis Low Back (updated 03/24/15) Lumbar supports

Decision rationale: Per the ACOEM guidelines cited below "There is no evidence for the effectiveness of lumbar supports in preventing back pain in industry."In addition per the ODG cited below regarding lumbar supports/brace, "Prevention: Not recommended for prevention. There is strong and consistent evidence that lumbar supports were not effective in preventing neck and back pain. Treatment: Recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific LBP (very low-quality evidence, but may be a conservative option). Under study for post-operative use; see Back brace, post operative (fusion)."Patient has received 2/3 PT visits for this injury.A trial and response to complete course of conservative therapy including PT visits was not specified in the records provided.Prior conservative therapy notes were not specified in the records provided.Any evidence of diminished effectiveness of medications or intolerance to medications was not specified in the records provided. There is no evidence of instability,

spondylolisthesis, lumbar fracture or recent lumbar surgery. Any surgery or procedure note related to this injury was not specified in the records provided. The medical necessity, of Lumbar spine Orthosis is not fully established.