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| <b>Case Number:</b>   | CM15-0026288 |                              |            |
| <b>Date Assigned:</b> | 02/18/2015   | <b>Date of Injury:</b>       | 11/27/1996 |
| <b>Decision Date:</b> | 03/30/2015   | <b>UR Denial Date:</b>       | 01/28/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 02/11/2015 |

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 57 year old female who sustained a work related injury November 27, 1996. Past history includes; s/p L3-4 and L4-5 decompression, November 2009, left total knee arthroplasty, failed, s/p permanent spinal cord stimulator June 2012, s/p left carpal tunnel release and s/p removal of spinal cord stimulator, June 2014. According to a primary treating physician's orthopedic spine surgery progress report dated December 9, 2014, the injured worker presented as a follow-up visit complaining of low back and buttocks pain with radiation down the left anterior and posterior thigh with numbness through the shin and calf and into the foot. The pain is rated 2/10 with rest and 9/10 when standing or walking. There is pain and spasms in the left hand 3-4/10 at rest and 7-8/10 when walking with crutches. There is pain and spasm in the right hand rated 2/10 at rest which increases to 7-8/10 when walking with crutches or writing. The injured worker utilizes a motorized chair and has severe difficulty with walking short distances, requiring support of 1-2 people. There is tenderness to palpation over the midline lower lumbar spine and left sacroiliac joint. Paresthesias noted over the left L4 and L5 dermatome distribution. An MRI of the lumbar spine dated October 7, 2014 (report not present in medical record); reveals grade II spondylolisthesis at L5-S1 with severe height loss and severe left foraminal stenosis L5-S1. A request for authorization dated January 19, 2015, requests flexion and extension x-rays of the lumbar spine. According to utilization review dated January 29, 2015, the request for Flexion and Extension X-rays of the Lumbar Spine are non-certified, citing ODG-TWC Guidelines, Low Back.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Flexion and extension X-rays of Lumbar Spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC (online 2015), Low Back

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Imaging, 303-304.

**Decision rationale:** Per ACOEM Treatment Guidelines for the Lower Back Disorders states Criteria for ordering imaging studies such as the requested X-rays of the lumbar spine include Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electrodiagnostic studies. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, review of submitted medical reports have not adequately demonstrated the indication for the Lumbar spine x-rays nor document any specific acute change in clinical findings to support this imaging study as reports noted unchanged symptoms of ongoing pain without any progressive neurological deficits. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The Flexion and extension X-rays of Lumbar Spine is not medically necessary and appropriate.