

Case Number:	CM15-0210817		
Date Assigned:	10/29/2015	Date of Injury:	08/20/2013
Decision Date:	12/22/2015	UR Denial Date:	10/16/2015
Priority:	Standard	Application Received:	10/27/2015

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: Minnesota, Florida
 Certification(s)/Specialty: Orthopedic Surgery

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 61 year old female who sustained an industrial injury on 08-20-2013. According to a progress report dated 09-14-2015, the injured worker was 3 months status post lumbar decompression. She had completed 7 out of 12 physical therapy sessions. She was "slowly improving". Her left hip still bothered her. Poor range of motion was noted. Medications included Oxycodone-APAP, Lyrica, Ibuprofen and Soma. Examination of the lumbar spine demonstrated no erythema, swelling, deformity or tenderness. Incision was clean dry and intact. There was a normal physiologic lumbar lordosis. There was no scoliosis. Range of motion was normal with extension, flexion and side bending. Strength testing of the major muscles innervated by the lumbar spine was graded 5 out of 5. Assessment included disorder sacrum, pain joint pelvis and thigh, lumbar radiculitis, lumbosacral spondylosis and OA hip. The provider noted that radiographs were needed in 6 weeks. The treatment plan included continuation of physical therapy and follow-up with named provider for the left hip OA and possible total hip replacement. On 10-16-2015, Utilization Review non-certified the request for post-op X-ray 4 views (AP-lateral, flexion, extension) of lumbar spine and authorized the request for post-op physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op X-ray 4 views (AP/Lat/Flex/Ext) of lumbar spine: Upheld

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

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

Decision rationale: The injured worker is a 61-year-old male with a date of injury of 8/20/2013. The diagnosis includes osteoarthritis of the hip and low back pain. He underwent a lumbar fusion on 1/16/2013 and a lumbar decompression on 9/14/2015. EMG of 1/6/2015 documented a left L5 radiculopathy. MRI of the lumbar spine dated 2/17/2015 documented a right paracentral L2-3 disc extrusion affecting the descending right L3 nerve root. This was on the opposite side of the patient's weakness. The L5-S1 fusion was in good alignment. X-rays of the lumbar spine dated 2/18/2015 documented no hardware complications and unchanged posterior L5-S1 fusion. There was 2 mm retrolisthesis at L2-3, which was stable in flexion and extension. Trace retrolisthesis at L1-L2 was also reduced in flexion. Progress notes from 9/14/2015 document continuing improvement. The left hip was still painful. There was poor range of motion in the left hip. Range of motion of the lumbar spine was normal. Provocative testing of the left sacroiliac joint included a positive FABERE and Gaenslen. Deep tendon reflexes were symmetrical. A request for repeat 4 views of the Lumbar spine including flexion/extension was noncertified by utilization review. California MTUS guidelines indicate lumbar spine x-rays should not be recommended in patients with low back pain in the absence of red flags for 6 weeks. However, it may be appropriate when the physician feels it would aid in patient management. In this case, appropriate x-rays and MRI scans have been performed and there is no recent change that warrants new films. The fusion is solid at L5-S1. No red flags pertaining to the lumbar spine have been documented. The surgical procedure was a laminectomy and not a fusion. As such, the medical necessity of the x-ray request has not been substantiated. Therefore, the request is not medically necessary.