

Case Number:	CM15-0224620		
Date Assigned:	11/23/2015	Date of Injury:	02/23/1998
Decision Date:	12/31/2015	UR Denial Date:	10/21/2015
Priority:	Standard	Application Received:	11/16/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 injured worker is a 56 year old female, who sustained an industrial injury on 2-23-98. The injured worker was being treated for lumbago, thoracic-lumbosacral neuritis-radiculitis and failed back surgery syndrome. On 10-6-15, the injured worker complains of chronic severe back pain due to failed back surgery syndrome with radiation to bilateral lower extremities. She rates the pain 2 out of 10 with medication and 10 out of 10 without medication. It is noted the medications keep her functional, allowing for increased mobility and tolerance of activities of daily living and home exercises. Physical exam performed on 10-6-15 revealed restricted cervical range of motion, well healed midline lumbar scar, decreased lumbar range of motion, weakness in L5 nerve root distribution and decreased sensation in L4-5 root distribution worse on right. Treatment to date has included physical therapy, home exercise program, oral medications including Cymbalta, Lyrica, Neurontin and Oxycodone; spinal cord stimulator and activity modifications. On 10-8-15 request for authorization was submitted for 7-view x-ray of lumbar spine. On 10-21-15 request for 7 view x-ray of lumbar spine was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-ray lumbar spine (7 views): Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Radiographs.

Decision rationale: Pursuant to the official disability guidelines, x-ray lumbar spine 7-view is not medically necessary. Radiographs are not recommended in the absence of red flags. Lumbar spinal radiography should not be recommended in patients with low back pain in the absence of red flags were serious spinal pathology, even if pain is persistent for six weeks. Indications for imaging include, but are not limited to, lumbar spine trauma; uncomplicated low back pain, trauma, steroids; uncomplicated low back pain, suspicion of cancer, infection; post surgery, evaluation status of fusion; etc. In this case, the injured worker's working diagnoses are lumbago: thoracic/lumbosacral neuritis/radiculitis unspecified; and failed back surgery syndrome. Date of injury is February 23, 1998. Request for authorization is October 8, 2015. According to an October 6, 2015 progress note, each worker has ongoing chronic back pain, wears a spinal cord stimulator 100% of the time and failed physical therapy and home exercise program. The less imaging was performed in 2011 (CAT scan lumbar). Objectively, there is lumbar decrease range of motion and positive straight leg raising. There is weakness in the L5 nerve root distribution. The treating provider is requesting 7- view lumbar spine x-rays to rule out dynamic instability. There is no documentation of recent trauma and no documentation indicating dynamic instability subjectively or objectively. Based on clinical information in the medical record and peer-reviewed evidence-based guidelines, x-ray lumbar spine 7-view is not medically necessary.