

Case Number:	CM15-0040243		
Date Assigned:	03/10/2015	Date of Injury:	01/15/2008
Decision Date:	04/23/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	03/03/2015

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, Pain Management

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 an industrial injury on 1/15/2008. She has reported low back and bilateral leg pain after lifting heavy weights. The diagnoses have included lumbar discogenic pain, spinal stenosis, disk protrusion, status post lumbar fusion 1994. Treatment to date has included medication therapy and epidural injections. Currently, the IW complains of back pain associated with lower extremity pain rated 10/10 without medication and 5-6/10 with medication. The last epidural injection was noted to last about three months. The physical examination from 1/2015 documented lumbar sacral tenderness, positive straight leg raise, and numbness/tingling along L3-4 distribution. The plan of care included medication therapy, flexion and extension radiographic imaging, and a repeat epidural injection on right L2-3 and L5-S1 regions. The ESIs were certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-Ray flexion/extension lumbar spine quantity 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

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 Chapter, Radiographs and Flexion/extension imaging studies.

Decision rationale: Regarding the request for flexion/extension x-rays, CA MTUS does not address the issue. ODG cites that flexion/extension imaging studies are not recommended as a primary criteria for range of motion. For spinal instability, may be a criteria prior to fusion, for example in evaluating symptomatic spondylolisthesis when there is consideration for surgery. Within the documentation available for review, there is no indication of clinical findings and/or prior imaging suggestive of spinal instability and there is no discussion regarding consideration for fusion. The patient has a pending ESI, the results of which may obviate the need for further evaluation of the spine. In light of the above issues, the currently requested flexion/extension x-rays are not medically necessary.