

Case Number:	CM15-0057914		
Date Assigned:	04/02/2015	Date of Injury:	06/08/2010
Decision Date:	05/08/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	03/26/2015

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 61 year old male, who sustained a work/ industrial injury on 6/8/10. He has reported initial symptoms of back pain. The injured worker was diagnosed as having displacement of thoracic or lumbar intervertebral disc without myelopathy. This included L3-4 giant disc herniation with stenosis, L4-5 disc herniation, lumbar radiculopathy, and L5-S1 lytic spondylolisthesis. Treatments to date included conservative measures to include rest, home exercise program, and medication. Computed Tomography (CT) of the lumbar spine was performed on 5/29/12. Currently, the injured worker complains of increasing pain of the lower back rated 7-8/10 without medication. The treating physician's orthopedic report (PR-2) from 2/25/15 indicated the injured worker walked with a normal gait with no evidence of weakness. Upon palpation, there is tenderness of the paravertebral muscles, bilaterally. Sensation and pulses were present/intact. There was evidence of decreased range of motion. Strength was 4+/5 for the extensor hallucis longus. Treatment plan included AP, lateral, flexion and extension X-rays of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

AP, lateral, flexion and extension X-rays of the lumbar spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

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

Decision rationale: The patient was injured on 06/06/2010 and presents with lower back pain which he rates as a 7/10 to 8/10. The request is for an AP, LATERAL, FLEXION, AND EXTENSION X-RAYS OF THE LUMBAR SPINE. The utilization review denial rationale is that "there was no evidence the patient has undergone conservative treatment prior to the recommendation for imaging studies. In addition, the patient was not noted to have any significant findings per the physical exam that would warrant an x-ray of the lumbar spine." There is no RFA provided, and the patient is permanent and stationary. Review of the reports provided does not indicate if the patient has had a prior x-ray of the lumbar spine. The patient had an MRI of the lumbar spine on 12/27/2010 which revealed that "there are no compression fractures or destructive changes. Bone marrow within visualized bony structures demonstrates relatively normal signal intensities. Part of conus medullaris is above the field of view and cannot be evaluated." For special diagnostics, ACOEM Guidelines page 303 state, "Unequivocal objective findings that identify specific nerve compromise on the neurological examination is sufficient evidence to warrant imaging in patients who do not respond well to treatment and who will consider surgery as an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study." The 02/25/2015 report states that there is palpable tenderness of the paravertebral muscles bilaterally. The patient has a decreased flexion and extension. He is diagnosed with L3-L4 giant disk herniation with stenosis, L4-L5 disk herniation, intermittent lumbar radiculopathy, depression, and L5-S1 lytic spondylolisthesis. "Due to the patient's increasing complaints of lower back pain which has not responded to time, rest, conservative care, and home exercise program, I will request authorization for 4-view x-rays of the lumbar spine as well as an MRI scan of the lumbar spine. The patient has not been seen in over 1 years and updated imaging studies will need to be performed to guide further treatment recommendations." Given that the patient has not previously had an x-ray of the lumbar spine, a diagnosis of spondylolisthesis, recent increase in symptoms, a set of X-ray's including flex/ext appear reasonable. The request IS medically necessary.