MAXIMUS Federal Services

Case Number:	CM15-0059648		
Date Assigned:	04/06/2015	Date of Injury:	09/06/2012
Decision Date:	05/04/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	03/30/2015

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: Maryland
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 was a 45 year old male, who sustained an industrial injury, September 6, 2012. The injured worker previously received the following treatments lumbar spine MRI, EMG/NCS (electrodiagnostic studies and nerve conduction studies) of the bilateral lower extremities, lumbar spine MRI, x-ray of the lumbar spine (flexion and extension) February 1, 2015. The injured worker was diagnosed with lumbar spine intervertebral disc syndrome, lumbar spine spondylitis/spondylolisthesis, cervical spine strain/sprain, cervical spine radiculitis and bilateral wrist strain/sprain, tenosynovitis and rule out carpal tunnel syndrome. According to progress note of January 21, 2015, the injured workers chief complaint was low back pain with radicular pain down the legs and weakness. The injured worker rated the pain 3-5 out of 10; 0 being no pain and 10 being the worse pain. The injured worker was also complaining of neck and hand pain. The physical exam noted tenderness at C4-C5 and associated paraspinal muscles. The Spurling's test was positive bilaterally. There was tenderness to the upper trapezius and levator scapulae. There was pain with range of motion. The examination of the hands showed positive Tinel's sign and Phalen's test over the carpal tunnel region. The examination of the lumbar spine range of motion showed 50 % of what show be expected of normal. The treatment plan included flexion and extension lumbar spine x-rays.

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 the lumbar spine: Overturned

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

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-Flexion/extension imaging studies.

Decision rationale: Flexion and extension x-rays of the lumbar spine are medically necessary per the MTUS and the ODG Guidelines. The MTUS recommends imaging studies be reserved for cases in which surgery is considered, or there is a red-flag diagnosis. The guidelines state that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment. The ODG states that flexion/extension imaging studies are not recommended as a primary criteria for range of motion. An inclinometer is the preferred device for obtaining accurate, reproducible measurements. For spinal instability, may be a criteria prior to fusion, for example in evaluating symptomatic spondylolisthesis when there is consideration for surgery. An 11/26/14 lumbar MRI states that the patient has a bilateral pars interarticularis defect of the L5 vertebra. A 1/8/15 EMG/NCS revealed a bilateral L5 radiculopathy. Additionally, there is anterolisthesis of L5 on S1 with abutment of the bilateral L5 nerve roots. A 2/13/15 progress note by orthopedic surgery states that the patient has a mild step off at the lumbosacral junction with numbness in the lateral calf, first dorsal space and weakness of the ankle dorsiflexors bilaterally and great toe extensore. The surgeon states this is an unstable spondylolisthesis with progressive symptoms and is requesting a lumbar fusion at L5-S1. The documentation indicates that there is a consideration for surgery therefore this request is medically necessary.