

Case Number:	CM15-0059896		
Date Assigned:	04/06/2015	Date of Injury:	07/02/2014
Decision Date:	05/06/2015	UR Denial Date:	03/10/2015
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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 32-year-old who has filed a claim for chronic low back pain reportedly associated with an industrial injury of July 2, 2014. In a Utilization Review report dated March 10, 2015, the claims administrator failed to approve a request for x-ray imaging of lumbar spine to include lateral views as well as lateral flexion-extension views. A progress note dated February 20, 2015 and associated RFA form of March 3, 2014 were referenced in the determination. The applicant's attorney subsequently appealed. On February 20, 2015, the applicant reported ongoing complaints of low back pain radiating into the left thigh, highly variable, 6-9/10. The applicant's BMI was 20. The applicant was apparently visibly uncomfortable in the exam room. The applicant was somewhat agitated and labile. Hyposens-orium was noted about the left leg. Positive straight leg raising was appreciated about the left side. Lumbar MRI imaging of August 15, 2014 was notable for spondylolisthesis and an L5-S1 disk herniation at the L5-S1 level. Flexion and extension x-rays of lumbar spine were sought. It was suggested that the applicant was considering a fusion-arthrodesis procedure at the L5-S1 level. It was further suggested that the applicant had failed earlier conservative measures, including epidural steroid injection therapy. The applicant was using tramadol and naproxen. The applicant's work status was not furnished. The applicant was asked to follow up preoperatively after undergoing flexion-extension films of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-rays of the lumbar spine with AP lateral and lateral flexion/extension views: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation The Expert Reviewer based his/her decision on the MTUS ACOEM Practice Guidelines, Chapter 12 Low Back Complaints, page 309 and on the Non-MTUS ACOEM V.3 Low Back Diagnostic and Treatment Considerations Roentgenograms (X-Rays) Recommendation: X-ray for Spondylolisthesis Flexion and extension views are recommended for evaluating symptomatic spondylolisthesis in which there is consideration for surgery or other invasive treatment or occasionally in the setting of trauma.

Decision rationale: Yes, the request for x-rays of the lumbar spine with flexion-extension views was medically necessary, medically appropriate, and indicated here. While the MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 309 notes that the routine usage of radiographs of the lumbar spine and/or routine oblique views of the lumbar spine in the absence of red-flag signs or symptoms is deemed "not recommended," in this case, however, the attending provider seemingly contended that the applicant had developed issues with symptomatic spondylolisthesis superimposed on a disk herniation at the L5-S1 level. The attending provider stated that the flexion-extension views of the lumbar spine were intended to determine whether the applicant was a candidate for a lumbar fusion-arthrodesis surgery versus a discectomy procedure alone. The Third Edition ACOEM Guidelines Low Back Chapter further notes that flexion and extension views of the lumbar spine are recommended for evaluating symptomatic spondylolisthesis in applicants in whom there is consideration for surgery. Here, as noted previously, the applicant was reportedly actively considering a surgical remedy involving the lumbar spine. The x-ray in question was needed to determine what sort of surgical intervention was offered the applicant, the treating provider stated. Therefore, the request was medically necessary.