

Case Number:	CM15-0084379		
Date Assigned:	05/29/2015	Date of Injury:	06/30/2003
Decision Date:	07/01/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/01/2015

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, Hawaii

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 59-year-old female who sustained an industrial injury on 6/30/03 injuring her low back. The mechanism of injury is unclear. Currently she complains of increased low back pain radiating to the lower extremities with cramping of the feet; stress, anxiety and depression and constipation. On physical exam of the lumbar spine there was pain with range of motion; hypersensitivity when manipulating lower extremities. Medications are Topamax, Norco, Robaxin, Mirapex, Fentanyl patch, Lidoderm. Diagnoses include status post-laminectomy syndrome, lumbar; lower extremity neuropathy and radiculopathy, secondary to above; peripheral neuropathy; indwelling spinal cord stimulator; fibromyalgia syndrome. Treatments to date include medications; medial branch block at L3-4, L4-5(4/26/15, 1/22/15, 3/17/14); radiofrequency ablation of lumbar facet nerves (10/11/13, 4/24/15); rhizotomies of the low back (10/13). Diagnostics include x-ray of the lumbar spine (3/19/15) showing a solid fusion at L5-S1. In the progress note dated 3/19/15 the treating provider's plan of care requests authorization for radiographs of the lumbar spine to assess status of fusion as well as for degenerative process.

IMR ISSUES, DECISIONS AND RATIONALES

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

Radiograph of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, 308. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic): Radiography (x-rays).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, and Low back, Radiography (x-rays).

Decision rationale: The patient presents with chronic low back pain following lumbar fusion in 2005. The current request is for radiograph of the lumbar spine. The treating physician requests, on 3/19/15 (238B), "authorization of radiographs of the lumbar spine to assess status of fusion as well as for degenerative process." ODG states the following about radiographs of the lumbar spine: Not recommend routine x-rays in the absence of red flags. (See indications list below.) Lumbar spine radiography should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least 6 weeks. Indications for imaging include: Lumbar spine trauma (a serious bodily injury): pain, tenderness; lumbar spine trauma: trauma, neurological deficit; lumbar spine trauma: seat belt (chance) fracture; uncomplicated low back pain, trauma, steroids, osteoporosis, over 70; uncomplicated low back pain, suspicion of cancer, infection; and post-surgery: evaluate status of fusion. In this case, the clinical records provided did not document any red flags that would warrant a lumbar spine radiograph and the lumbar spine fusion performed in 2005, per UR, had been previously confirmed via radiograph. The patient presents for follow-up with a new primary treating physician. There is no history of recent trauma that would warrant a new lumbar x-ray. The current request is not medically necessary and the recommendation is for denial.