

Case Number:	CM14-0154055		
Date Assigned:	09/23/2014	Date of Injury:	10/22/2007
Decision Date:	10/24/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	09/22/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 54-year-old male with a 10/22/07 date of injury, and status post L4-S1 fusion. At the time (9/16/14) of request for authorization for x-ray of the sacrum and x-ray of the lumbar spine, there is documentation of subjective (increasing low back pain primarily on the left side, patient recently fell and hurt his tailbone) and objective (very focally tender over the posterior lumbar hardware bilaterally, range of motion moderately, some dysesthesias into the left leg but sensation grossly intact, very point tender over the coccyx) findings, imaging findings (lumbar spine x-rays (8/6/14) report revealed stable postoperative and degenerative changes), current diagnoses (acquired spondylolisthesis, spondylosis with myelopathy lumbar region), and treatment to date (medications). Regarding the requested x-ray of the sacrum, there is no documentation of red flag diagnoses. Regarding the requested x-ray of the lumbar spine, there is no documentation of a diagnosis/condition (with supportive subjective/objective findings) for which a repeat study is indicated.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-ray of the Sacrum: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303 and 304.

Decision rationale: MTUS reference to ACOEM identifies documentation of red flag diagnoses; unequivocal objective findings that identify specific nerve compromise on the neurologic examination, do not respond to treatment, and who would consider surgery, as criteria necessary to support the medical necessity of imaging. Within the medical information available for review, there is documentation of acquired spondylolisthesis, and spondylosis with myelopathy lumbar region. However, despite documentation of very point tender over the coccyx, there is no documentation of red flag diagnoses. Therefore, based on guidelines and a review of the evidence, the request for x-ray of the sacrum is not medically necessary.

X-Ray of the Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG low back chapter, radiography (x-rays)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303 and 304. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Official Disability Guidelines (ODG) Minnesota Rules, 5221.6100 Parameters for Medical Imaging

Decision rationale: MTUS reference to ACOEM identifies documentation of red flag diagnoses where plain film radiographs are negative; unequivocal objective findings that identify specific nerve compromise on the neurologic examination, do not respond to treatment, and who would consider surgery, as criteria necessary to support the medical necessity of imaging. ODG identifies documentation of lumbar spine trauma with pain, tenderness, neurological deficit, or seat belt (chance) fracture; uncomplicated low back pain with trauma, steroids, osteoporosis, and over 70 or suspicion of cancer or infection; myelopathy that is traumatic, painful, of sudden onset, or an infectious disease or oncology patient; or to evaluate the status of fusion, as criteria necessary to support the medical necessity of lumbar x-rays. In addition, ODG identifies documentation of a diagnosis/condition (with supportive subjective/objective findings) for which a repeat study is indicated (such as: To diagnose a suspected fracture or suspected dislocation, to monitor a therapy or treatment which is known to result in a change in imaging findings and imaging of these changes are necessary to determine the efficacy of the therapy or treatment (repeat imaging is not appropriate solely to determine the efficacy of physical therapy or chiropractic treatment), to follow up a surgical procedure, to diagnose a change in the patient's condition marked by new or altered physical findings) as criteria necessary to support the medical necessity of a repeat imaging. Within the medical information available for review, there is documentation of acquired spondylolisthesis, spondylosis with myelopathy lumbar region. However, given documentation of recent lumbar x-rays findings consistent with stable postoperative and degenerative changes, there is no documentation of a diagnosis/condition (with supportive subjective/objective findings) for which a repeat study is indicated. Therefore, based on guidelines and a review of the evidence, the request for x-ray of the lumbar spine is not medically necessary.

