

<b>Case Number:</b>	CM14-0217026		
<b>Date Assigned:</b>	01/21/2015	<b>Date of Injury:</b>	07/22/2014
<b>Decision Date:</b>	03/05/2015	<b>UR Denial Date:</b>	12/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/29/2014

### 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. 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:

This 58 year old male sustained work related industrial injuries on July 22, 2014. The mechanism of injury involved walking up and down stairs at the workplace, while carrying a bucket of tools. The injured worker subsequently complained of bilateral hip pain and bilateral knee pain. Treatment consisted of diagnostic studies, radiographic imaging, prescribed medications, consultations and periodic follow up visits. According to the provider notes dated October 9, 2014, the injured worker chief complaint included bilateral hip and knee pain. The injured worker was noted to be in no acute distress and gait was normal. Physical exam revealed tenderness in bilateral hip, bilateral knees and tenderness in the lumbosacral region and sciatica notch with diminished sensation of the L5 dermatome. On October 14, 2014, a flexion and extension dynamic radiographs of lumbar spine revealed mild spondylosis. Per treating provider report dated October 28, 2014, the injured worker continued symptomatology in the lumbar spine with extension into the lower extremities. On October 28, 2014, flexion and extension dynamic radiographs of lumbar spine revealed spondylosis in the distal lumbar segments, most pronounced at the L3 to L5 with some instability and sclerosis. Per treating provider report dated November 04, 2014, physical exam revealed reproducible pain in the lumbar spine that extends over the top of the hips in the posterolateral region in what appeared to be a possible L5 root. Radiculopathy was noted, left side greater than right. Provider diagnoses included internal derangement of bilateral knee and hips and lumbar discopathy to rule out radiculopathy. Per treating report dated November 25, 2014, injured worker's complaints and review of systems remains unchanged. As of November 25, 2014, the injured worker remains on work restrictions.

The treating physician prescribed services for MRI of lumbar spine and retrospective request for flexion and extension dynamic radiographs of lumbar spine now under review. On December 3, 2014, the Utilization Review (UR) evaluated the prescriptions for MRI of lumbar spine and retrospective request for flexion and extension dynamic radiographs of lumbar spine requested on November 24, 2014. Upon review of the clinical information, UR non-certified the request for MRI of lumbar spine, noting the lack of clinical findings to support MRI and the recommendations of the MTUS and the Official Disability Guidelines. UR non-certified the retrospective request for flexion and extension dynamic radiographs of lumbar spine, noting lack of medical necessity for repeat radiograph of lumbar spine within a two week timeframe and the recommendations of the MTUS and the Official Disability Guidelines. These UR decisions were subsequently appealed to the Independent Medical Review.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**MRI lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 178, 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), [http://www.odg-twc.com/odgtwc/low\\_back.htm#radiography](http://www.odg-twc.com/odgtwc/low_back.htm#radiography)

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

**Decision rationale:** The patient was seen multiple times from 10/9/14 through 11/25/14. None of the reports show subjective complaints of low back problems, and none of the available reports show a physical examination of the lumbar spine. X-rays were taken of the lumbar spine on 10/9/14, then flexion/extension x-rays were performed on 10/28/14 apparently due to degenerative changes on the prior radiographs. MTUS/ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12 "Low Back Complaints" under Special Studies and Diagnostic and Treatment Considerations, pg 303-305 states "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 and who would consider surgery an option." MTUS/ACOEM guidelines allow for special studies on the lumbar spine if exam findings show evidence of a specific nerve compromise. In this case, there is no lumbar examination provided. Lumbar MRI studies without a physical examination are not in accordance with MTUS/ACOEM guidelines. The request for MRI, lumbar spine, IS NOT medically necessary.

**Retro (DOS unknown) Flexion and extension dynamic radiographs of lumbar spine:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 178. Decision based on Non-MTUS Citation Work Loss Data Institute, Official Disability Guidelines (ODG), Low Back

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

**Decision rationale:** The available records show that the patient has lumbar x-rays on 10/9/14 without a physical examination of the lumbar spine and no history of lumbar trauma or complaints. The follow-up visit on 10/28/14 show that flexion extension radiographs were exposed, but there is still no subjective or objective findings related to the lumbar spine. ACOEM chapter 12, low back, pg 303-305, Special Studies and Diagnostic and Treatment Considerations states: "Lumbar spine x rays 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 six weeks."The lumbar x-rays without a physical examination, history, subjective complaints or red-flags are not in accordance with MTUS/ACOEM guidelines. The request for the retrospective flexion and extension dynamic radiographs of the lumbar spine IS NOT medically necessary.