

<b>Case Number:</b>	CM15-0120526		
<b>Date Assigned:</b>	07/01/2015	<b>Date of Injury:</b>	02/08/1999
<b>Decision Date:</b>	07/30/2015	<b>UR Denial Date:</b>	06/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/22/2015

### 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, Indiana, New York  
 Certification(s)/Specialty: Internal 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 is a 78-year-old female, who sustained an industrial injury on 2/8/99. Initial complaints were not reviewed. The injured worker was diagnosed as having chronic low back pain; lumbar spinal stenosis; status post lumbar laminectomy/posterior fusion L4-L5 (2000); spondylolisthesis lumbar spine. Treatment to date has included acupuncture; urine drug screening; medications. Currently, the PR-2 notes dated 6/8/15 indicated the injured worker complains of pain in the lower thoracic region which is new as her previous pain was confined to the low back and lower limbs. Her pain intensity is reports as 7/10. She has been receiving acupuncture. She notes tolerance for walking has improved and no other falls have been reported since two antihypertensive medications were stopped. She estimates her medications provide 50% relief of her pain. On physical examination, the provider notes the injured worker walks with the aid of a front-wheeled walker. She stands with forward flexed posture. She has tenderness in the lower thoracic region without any more specific locations. He reviewed a lumbar MRI dated 11/12/13, which reveals postoperative changes at L4 and L5 with decompressive laminectomies, bilateral pedicle screws and spinal rods. There is no central stenosis at the fusion levels but severe narrowing is noted at the left neuroforaminal L4-L5. There is also severe stenosis at L3-L4 with an AP thecal sac 4mm, bilateral neuroforaminal compromise, severe on the left with compression of the exiting L3 nerve root, moderate to severe on the right with indentation of the exiting L4 nerve root. She has severe disc degeneration at L2- L3 with severe facet arthrosis resulting in moderate central stenosis at an AP thecal sac 8mm as well as severe narrowing of the right neuroforamen with indentation of the exiting L2 nerve root. There was evident progression of multilevel degenerative changes and degree

of spinal stenosis at L3-L4 compared to a prior exam in 2010).The provider reviewed her medication regime. He is continuing the acupuncture. The provider's treatment plan included standing scoliosis x-rays.

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

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

#### **1 Standing scoliosis X-rays: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178, 182.

**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 section, Radiographs.

**Decision rationale:** Pursuant to the Official Disability Guidelines, one standing scoliosis x-ray is not medically necessary. Radiographs are not recommended in the absence of red flags. Lumbar spinal radiography should not be recommended in patients with low back pain in the absence of red flags were serious spinal pathology, even if pain is persistent for six weeks. Indications for imaging include, but are not limited to, lumbar spine trauma; uncomplicated low back pain, trauma, steroids; uncomplicated low back pain, suspicion of cancer, infection; post surgery, evaluation status of fusion; etc. In this case, the injured worker's working diagnoses are chronic low back pain; lumbar spinal stenosis; and status post laminectomy and posterior fusion L4 - L5 for spondylolisthesis and stenosis. (2000) The date of injury is February 8, 1999. The injured worker had an MRI lumbar spine November 12, 2013. The documentation indicates the injured worker developed scoliosis following fusions. The injured worker is reportedly not keen on surgical reconstruction of the lumbar spine. Objectively, the injured worker uses a walker and his forwardly flexed. There is tenderness to palpation over the thoracic region. There is no specificity for the tenderness over the thoracic region. There is no neurologic evaluation. The injured worker is not experiencing any red flag conditions. The pain in the thoracic region is new. The guidelines recommend at least six weeks conservative treatment before proceeding with radiographic evaluation. Consequently, absent clinical documentation with specificity of thoracic pain, a detailed physical examination, neurologic evaluation and red flags, one standing scoliosis x-ray is not medically necessary.