

<b>Case Number:</b>	CM15-0121199		
<b>Date Assigned:</b>	07/01/2015	<b>Date of Injury:</b>	10/05/1994
<b>Decision Date:</b>	08/06/2015	<b>UR Denial Date:</b>	06/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/23/2015

### 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

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 49 year old male, who sustained an industrial injury on 10/05/1994 secondary to a fall resulting in lumbar spine injury. On provider visit dated 04/01/2015 the injured worker has reported low back and left hip pain. On examination of the lumbar spine revealed decreased range of motion. Positive straight leg raise on the left was noted and numbness to left lower extremity was noted to light touch. The diagnoses have included chronic severe intractable low back and left lower extremity radicular pain with numbness and tingling. Treatment to date has included surgical intervention noted as lumbar fusion sacral surgery x 2 in 1995, medication, physical therapy and home exercise program. The provider requested one x-ray for the lumbar spine, as an outpatient submitted diagnosis degenerate lumbar/lumbosacral intervertebral disc.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One x-ray for the lumbar spine, as an outpatient submitted diagnosis degenerate lumbar/lumbosacral intervertebral disc:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter, Radiography.

**Decision rationale:** The patient presents with low back pain radiating to left lower extremity rated 7/10 without and 5/10 with medication. The request is for one x-ray for the lumbar spine, as an outpatient submitted diagnosis degenerate lumbar/lumbosacral intervertebral disc. The request for authorization is not provided. The patient is status-post lumbar fusion, 1995. MRI of the lumbar spine, 02/19/13, shows L4-5 DDD, annular tear, and HNP; L5-S1 DDD and DJD without change from previous exam. Patient's diagnoses include lumbosacral spondylosis without myelopathy. Physical examination of the lumbar/sacral reveals tenderness to palpation of the paraspinals and L4-5 and L5-S1 facets bilaterally. Straight leg raise and Fabere test are positive on the left. Patrick's maneuver is positive bilaterally. Patient's neurologic deficit is increasing and his pain is chronic and severe, and has failed all conservative care. Patient has a fair amount of anxiety and depression which he feels is related to this work injury. He has also failed physical therapy prior to surgery, but has had some success post-operatively. He continues with his home exercise program. Patient's medications include Norco, Compound Cream, Omeprazole, Nitrostat, Simvastatin, Lisinopril, Fluoxetine, Xanax, Dicloxacillin and Ketoprofen. Per progress report dated 05/27/15, the patient is permanent and stationary. For radiography of the low back, ACOEM ch 12, low back, pages 303-305: "Special Studies and Diagnostic and Treatment Considerations 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." For special diagnostics, ACOEM Guidelines page 303 states "unequivocal objective findings that identify specific nerve compromise on the neurological examination is sufficient evidence to warrant imaging in patients who do not respond well to treatment and who would consider surgery as an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study." ODG-TWC, Low back Chapter under Radiography states: "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." ODG further states "Immediate imaging is recommended for patients with major risk factors for cancer, spinal infection, caudal equine syndrome, or severe or progressive neurologic deficits. Imaging after a trial of treatment is recommended for patients who have minor risk factors for cancer, inflammatory back disease, vertebral compression fracture, radiculopathy, or symptomatic spinal stenosis. Subsequent imaging should be based on new symptoms or changes in current symptoms." Per progress report dated 05/27/15, treater's reason for the request is "his back and leg symptoms have taken a turn for the worst. The patient has progressive neurologic deficits." In this case, the treater lists spondylosis as one of the diagnosis and there is no evidence that the patient has had X-rays of the lumbar spine done in the past. The request is reasonable and consistent with the guidelines. Therefore, the request IS medically necessary.