

<b>Case Number:</b>	CM15-0178901		
<b>Date Assigned:</b>	09/21/2015	<b>Date of Injury:</b>	02/01/2014
<b>Decision Date:</b>	10/28/2015	<b>UR Denial Date:</b>	08/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2015

### 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 50 year old male, who sustained an industrial injury on 2-1-14. The injured worker has complaints of left wrist and hand pain rates as a 5-6 out of 10 in severity on the subjective scale on 7-8-15. There is some limitation approximately 20 to 30 percent and he has mild to moderate tenderness to palpation at and about the surgical over the volar surface for the left wrist. The diagnoses have included spinal stenosis, lumbar region, without neurogenic claudication and carpal tunnel syndrome. Magnetic resonance imaging (MRI) of the lumbar spine on 9-3-14 reveals a 5 millimeter L4-L5 spondylolisthesis, advanced bilateral neural foraminal narrowing and moderate facet arthropathy at this level. Treatment to date has included status post left wrist carpal tunnel release on 4-29-15; physiotherapy with improvements; acupuncture with no noted improvement; status post transforaminal epidural steroid injection to the right at L4-L5 and L5-S1 (sacroiliac) on 7-10-15 with improvement of 75 percent of symptoms for approximately two weeks and voltaren topical gel for pain management. The original utilization review (8-24-15) non-certified the request for flexion and extension X-rays of the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexion/extension X-rays of the lumbar spine:** 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 Low Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back Chapter under Radiography.

**Decision rationale:** The 50 year old complains of lower back pain radiating to lower extremities, buttocks and thighs, right greater than left, as per progress report dated 08/03/15. The request is for Flexion/extension X-rays of the lumbar spine. The RFA for this case is dated 08/15/15, and the patient's date of injury is 02/01/14. Diagnoses, as per progress report dated 08/03/15, included lumbar stenosis with radiculopathy, and lumbar disc displacement. MRI of the lumbar spine, dated 09/03/14, revealed spondylolisthesis, neural foraminal narrowing and facet arthropathy at L4-5; facet arthropathy and foraminal narrowing at L5-S1; and L5 and S1 nerve root impingement. As per progress report dated 05/07/15, the patient's low back pain is rated at 8/10. The patient also has diabetes and hypertension. Diagnoses, as per progress report dated 08/19/15, included carpal tunnel syndrome, status post left carpal tunnel release, injury to ulnar nerve, and severe left and moderate right cubital tunnel syndrome. The patient has been allowed to return to modified work, as per the same progress report. ACOEM ch12, low back chapter, pages 303-305 and Special Studies section: "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". In this case, a request for lumbar x-ray is noted in progress report dated 08/03/15. The treater is also seeking authorization for L4-5 and L5-S1 interbody fusion in the same report. The patient complains of chronic lumbar pain with radiculopathy. Physical examination reveals diminished perception of light touch in lateral shin and anterior foot of the right lower extremity. ACOEM supports the use of x-rays in patients with "unequivocal objective findings that identify specific nerve compromise on the neurological examination". Given the documentation of neurological deficits and a possible surgery, the request for X-rays appears reasonable and is medically necessary.