MAXIMUS Federal Services

Case Number:	CM15-0178980		
Date Assigned:	09/21/2015	Date of Injury:	05/24/2007
Decision Date:	10/23/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	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: North Carolina
Certification(s)/Specialty: Family Practice

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 44 year old male who sustained an industrial injury on 5-24-07. The assessment is noted as lumbar degenerative disc disease, status post L5-S1 microlaminectomy and microdiscectomy, chronic low back pain, bilateral sciatic pain with exam suggestive of left L5 sensory radiculopathy, pain related insomnia, situational depression and anxiety-severe with some suicidal ideation, and urinary leakage incontinence-retention possibly neurogenic. Previous treatment includes a spinal cord stimulator 1-17-14, counseling, medication, aquatic therapy, surgery, physical therapy, Botox-bladder, transurethral resection of prostate 3-26-15, and lumbar spine X-rays 2-7-13, 12-13-14. In a progress report dated 7-30-15, the physician notes he reports no improvement in his urinary status since last month. He still has difficulty with urine flow. It was noted that at the previous follow up he reported he was experiencing some radicular symptoms in the left lower extremity with extension of pain, numbness and tingling into the left foot. He reports that those symptoms continue. It is noted that X-rays of the lumbar spine done on 12-13-14 reveal a slight increase in substance of the interbody spacer devices at L4-L5 and L5-S1 since the prior examination, the orthopedic hardware of the lower lumbar spine otherwise appears intact, there is limited range of motion with flexion and extension and no abnormal relative movement is noted. Medications are Flexeril, Senna, Zantac, Norco, Motrin, Flomax, Lyrica and calcium; magnesium; and zinc supplement. He currently ambulates with a single point cane. Pain is rated at 6-7 out of 10 without medications and 4 out of 10 with medications. Exam of the lumbar spine reveals tenderness to palpation throughout the lumbar spine and bilateral lumbar paraspinal regions. Motor testing in the lower extremities was limited due to pain and guarding and he experienced spasm in his left lower extremity with prolonged motor testing. Reduced sensation to light touch in the L3, L4, and L5 dermatome of the left lower

extremity is noted. Dynamic X-rays of the lumbar spine are being requested "given the recent symptoms he has been experiencing in his left lower extremity, which have persisted since last month." The requested treatment of Dynamic X-rays of the lumbar spine was non-certified on 8-20-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dynamic x-rays of lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

Decision rationale: The ACOEM chapter on low back complaints 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 patient has no red flags or signs of serious spinal pathology on exam. There is no indication that x-rays would significantly change treatment approach. Therefore, the request is not medically necessary.