

Case Number:	CM15-0040463		
Date Assigned:	03/10/2015	Date of Injury:	09/27/2007
Decision Date:	04/15/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	03/03/2015

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 40-year-old male, who sustained an industrial injury on 9/27/2007. He reported a back injury while building a pumpkin display. The injured worker was diagnosed as having displacement of lumbar intervertebral disc without myelopathy and lumbar post-laminectomy syndrome. Treatment to date has included surgical (L5-S1 fusion in 2009) and conservative measures, including diagnostics, medications, physical therapy, and Functional Restoration Program. On 12/17/2014, the progress report noted that the injured worker had vein stripping in his right lower extremity 12 days prior, with an exacerbation of lower extremity pain, secondary to non-industrial issue. Currently, the injured worker complains of pain in his hips and legs. He was prescribed Prednisone and Percocet from another physician due to the increased pain. He reported increased right leg radicular pain and low back pain. Pain was rated 8/10. Current medications included Advil, Allopurinol, Lyrica, Nexium, Tylenol #4, and Valium. Physical exam noted appearance as depressed and in moderate pain. His gait was right sided and antalgic. Exam of the lumbar spine noted range of motion decreased in all directions by at least 25%, and active motion was limited by pain and guarding. Motor strength was 5/5 and equal in the lower extremities, except 4+/5 extensor hallucis longus and 3/5 plantar flexion. A positive straight leg raise test was noted bilaterally, left greater than right. The treatment plan included lumbar x-rays, with flexion and extension, and lumbar epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar spine x-rays including flexion/extension/lateral/obliques and posterior/anterior views: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

Decision rationale: The ACOEM chapter on low back complaints and x-rays 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. Routine x-rays are not recommended for acute, non-specific low back pain. X-rays are recommended for low back pain with red flags for fracture or serious systemic illness, sub-acute low back pain that is not improving or chronic low back pain as an option to rule out other possible conditions. Criteria as outlined above per the ACOEM or lumbar x-rays have not been met and the request is denied.