

Case Number:	CM15-0067691		
Date Assigned:	04/15/2015	Date of Injury:	08/21/2012
Decision Date:	05/20/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	04/09/2015

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: 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 53 year old female with an industrial injury dated 08/21/2012. Her diagnosis includes bilateral lumbar 4 and lumbar 5 radiculopathy, failed back surgery syndrome, lumbar post laminectomy, lumbar fusion lumbar 4-5 and lumbar disc protrusion. Prior treatments include transforaminal epidural steroid injection and medications. She presents on 03/27/2015 with complaints of low back pain radiating to the right buttock, bilateral anterolateral thighs and calves. The injured worker was post transforaminal epidural steroid injection with right lumbar 4 selective nerve root block. She reports 90% improvement. Physical exam noted tenderness upon palpation of the lumbar paraspinal muscles. Lumbar range or motion was restricted by pain in all directions. Sensation was intact. The treatment plan consisted of medications and diagnostics to include lumbar spine x-ray.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar spine X-ray in flexion/extension QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304, 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG Low Back - Lumbar & Thoracic (Acute & Chronic) Flexion/extension imaging studies.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses imaging studies. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints indicates that relying solely on imaging studies to evaluate the source of low back and related symptoms carries a significant risk of diagnostic confusion (false-positive test results). Lumbar spine x rays should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology. Imaging studies should be reserved for cases in which surgery is considered or red-flag diagnoses are being evaluated. Table 12-8 Summary of Recommendations for Evaluating and Managing Low Back Complaints (Page 308-310) indicates that radiographs of the lumbosacral spine are recommended when red flags for fracture, cancer, or infection are present. Imaging tests in the absence of red flags are not recommended. Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) indicates that flexion/extension imaging studies are not recommended as primary criteria for range of motion. For spinal instability, may be criteria prior to fusion, for example in evaluating symptomatic spondylolisthesis when there is consideration for surgery. The medical records document that lumbar L4-5 spine fusion surgery was performed in August 2013. The utilization review decision letter dated April 8, 2015 document certification for a follow-up office visit with the spine surgeon. MRI magnetic resonance imaging and of the lumbar spine was performed September 9, 2014. At L3-4, small right paracentral disc extrusion was noted. Mild to moderate right and mild left foraminal stenosis was noted. Interval postoperative change of intervertebral body and posterior lateral fusion at L4-5 since the prior MRI was noted. At L5-S1, mild to moderate right and mild left foraminal stenosis was noted. The pain management progress report dated March 27, 2015 documented that the patient was maintaining 90% improvement since receiving lumbar epidural steroid injection and nerve root block on January 30, 2015. No new lumbar spine injuries were reported by the patient. No rationale was given for the request for lumbar spine X-rays in flexion / extension. MTUS, ACOEM, and ODG guidelines do not support the request for lumbar spine X-rays in flexion / extension. Therefore, the request for lumbar spine X-rays is not medically necessary.