

Case Number:	CM15-0073406		
Date Assigned:	04/23/2015	Date of Injury:	12/01/2000
Decision Date:	05/20/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	04/17/2015

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, Indiana, New York
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 63 year old male who sustained an industrial injury on 12/1/00. He has reported initial complaints of low back injury with pain. The diagnoses have included spinal stenosis; chronic low back pain and status post two lumbar laminectomies. Treatment to date has included medications, lumbar laminectomy surgery, epidural steroid injection (ESI), and physical therapy. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the lumbar spine. The current medications included OxyContin, Lidoderm patches, Percocet and Ibuprofen. Currently, as per the physician progress note dated 3/20/15, the injured worker complains of pain in the lower back with burning sensation. The pain was rated 5/10 on pain scale and unchanged from previous visit. He reports the pain is aggravated by activities and also reports weakness and flare-ups that last a few hours at a time. The physical exam of the lumbar spine revealed previous incisions and absent Babinski sign. The exam was otherwise unremarkable. The physician noted that he recommended x-rays in flexion and extension to evaluate for any instability as the injured worker was status post 2 laminectomies and fusion. The physician requested treatment included Unknown x-rays of lumbar spine AP/lateral flexion and extension views.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unknown x-rays of lumbar spine AP/lateral flexion and extension views: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Section, Radiographs.

Decision rationale: Pursuant to the Official Disability Guidelines, unknown x-rays of the lumbar spine (AP, lateral, flexion extension views) are not medically necessary. Radiographs are not recommended in the absence of red flags. Lumbar spinal radiography should not be recommended in patients with low back pain in the absence of red flags were serious spinal pathology, even if pain is persistent for six weeks. Indications for imaging include, but are not limited to, lumbar spine trauma; uncomplicated low back pain, trauma, steroids; uncomplicated low back pain, suspicion of cancer, infection; post surgery, evaluation status of fusion; etc. In this case, the injured worker's working diagnosis is spinal stenosis status post lumbar laminectomy. The injured worker underwent lumbar spine surgery in 2000. The most recent surgery is a repeat lumbosacral laminectomy from L2 - L5 on July 16, 2012. The injured worker has had persistent low back pain with exacerbations that last few hours at a time. Low back pain radiates to both legs. The injured worker underwent repeat MRI on January 2014. The injured worker underwent repeat MRI of the lumbar spine on March 2015. There were no significant changes with respect to the January 6, 2014 MRI. There are no red flags documented in the medical record. Objectively, motor strength is normal, sensation is intact, and gait is normal. Radiographs are not recommended in the absence of red flags. Additionally, the injured worker had a repeat MRI March 2015. Consequently, absent clinical documentation with red flags and significant new symptoms and signs and/or clinical evidence of instability, unknown x-ray of the lumbar spine (AP, lateral, flexion extension views) are not medically necessary.