

Case Number:	CM15-0095628		
Date Assigned:	05/22/2015	Date of Injury:	12/20/1993
Decision Date:	06/24/2015	UR Denial Date:	05/02/2015
Priority:	Standard	Application Received:	05/18/2015

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, Pain Management

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 (IW) is a 61 year old male who sustained an industrial injury on 12/20/1993. The initial injury report is not in the medical records provided, but the worker has had 7 knee surgeries, a right knee replacement, surgery on both elbows, shoulders, back, a lumbar fusion (09/02/08) and surgery for bowel obstruction (10/11) as a result of the injury. He is treated in a pain clinic for chronic pain. Currently, the injured worker complains of chronic low back pain and right lower extremity pain status post failed lumbar spine surgery syndrome post lumbar fusion 09/08/2008. Currently the worker is seen for re-evaluation. He states his average pain level in the preceding week was an 8/10. His sleep disturbance from pain was a 9/10, and his percentage improvement that pain medications provided was 25%. He complains of severe excruciating lower back pain radiating sharply through the posterior aspect of the leg to the foot. The pain is somewhat eased by sitting and worsened significantly by sustained standing. On exam, the worker changes station slowly and has difficulty walking with severe limitation throughout all planes of movement. He had intense spasming with palpation from L4-5 through L5-S1 with increased warmth. On neuro testing the worker had difficulty elevating the left lower extremity with respect to hip flexors as well as squatting and walking heel to toe. There was decreased left L5 sensory. Classic trigger points with a snapping band of referred tenderness was appreciated along the right longitudinal surgical scar from L4-L5. The treatment plan included a Prednisone Burst, trigger point injections and instruction on home exercise and stretching. An Opioid prescription was given and Opioid agreement signed, and a Lumbar x-ray was ordered. The progress report dated April 15, 2015 recommends a lumbar x-rays due to a flare which has

been going on for 2 weeks. The note requests an x-ray to "assess for any bony abnormality or pathology which could explain the flare." The note goes on to state that the patient has recently been involved in heavy labor including working on a deck. Additionally, trigger point injections are performed in the patient has been instructed to ice the area and stretch. Narrow examination reveals decreased left L5 sensory.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar x-ray: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Radiography (X-rays).

Decision rationale: Regarding request for lumbar spine x-ray, Occupational Medicine Practice Guidelines state that 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 6 weeks. However, it may be appropriate when the physician believes it would aid in patient management. Guidelines go on to state that subsequent imaging should be based on new symptoms or a change in current symptoms. Within the documentation available for review, it is clear the patient has had a recent flare up. It appears the flare up is well explained by the patient's recent increase in physical activity. The requesting physician has proceeded with conservative treatment including recommending stretching and icing, performing trigger point injections, and recommending a prednisone burst. It is unclear how the requesting physician's current decision-making will be changed based upon the outcome of a new x-ray. Additionally, due to sparse documentation of previous physical examinations, it is unclear whether the patient's physical examination findings recently reported are new, or long-standing. In the absence of clarity regarding those issues, the currently requested lumbar x-ray is not medically necessary.