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| <b>Case Number:</b>   | CM15-0097695 |                              |            |
| <b>Date Assigned:</b> | 05/28/2015   | <b>Date of Injury:</b>       | 02/27/2006 |
| <b>Decision Date:</b> | 07/03/2015   | <b>UR Denial Date:</b>       | 04/20/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 05/20/2015 |

### 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: New York, Tennessee  
 Certification(s)/Specialty: Emergency 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 47 year old male who sustained a work related injury February 27, 2006. Past history-included hypertension, coronary artery bypass graft x 3 vessels, 11/20/2012, on Coumadin. According to a treating physician's progress report, dated April 1, 2015, the injured worker presented with ongoing debilitating lower back pain, radiating down to both lower extremities, right greater than left. Current medication includes Norco, Roxicodone, and OxyContin, which enable him to perform simple chores in the home such as cleaning and cooking. Other medications are documented as Neurontin, LidoPro topical, Prilosec, Prozac, and Xanax. He was scheduled for an intrathecal infusion pump in November, but was cancelled due to hypertension and rescheduled in January 2015, but cancelled due to an elevated INR (international normalized ratio) of 2. Diagnoses are; lumbar myoligamentous injury with associated facet joint hypertrophy; herniated nucleus pulposus at L4-5 and L5-S1 with central and foraminal stenosis; left lower extremity radiculopathy; right lateral epicondylitis. Treatment plan included administration of four trigger-point injections with pain relief greater than 50%, refill medications, lumbar MRI, and orthopedic spine surgeon consultation. At issue, is the request for a flexion and extension x-ray.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexion and Extension X-ray:** 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): 289-290, 303.

**Decision rationale:** 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. However, it may be appropriate when the physician believes it would aid in patient management. Red flags include trauma, history of tumor, signs of infection with spinal process tenderness, progressive numbness/weakness, and bowel or bladder dysfunction. Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computer tomography [CT] for bony structures). In this case, there is no documentation that there are red flags or that the patient has experienced a significant change in the patient's signs or symptoms. X-rays of the lumbar spine are not medically necessary. The request should not be authorized.