

Case Number:	CM14-0140778		
Date Assigned:	09/10/2014	Date of Injury:	12/07/2013
Decision Date:	10/07/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	08/30/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 47-year-old male with a 12/7/13 date of injury. At the time (8/22/14) of request for authorization for x-ray flex/extension (lumbar) R/O instability 3mm retrolisthesis on L5-S1, there is documentation of subjective (pain rated 9/10) and objective (4/5/ muscle strength bilateral lower extremities) findings, imaging findings (lumbar spine x-rays 3 views (8/5/14) report revealed lumbar spondylosis most significant at L5-S1, and mild at L4-5, stable slight retrolisthesis at L4 and L5; L5-S1 marked decreased disc height, endplate spurring and eburnation, 2 mm L5 retrolisthesis, 3 mm L4 retrolisthesis, at flexion there is 2 mm L5 retrolisthesis and 2 mm L4 retrolisthesis; at extension, there is 1 mm L5 retrolisthesis and 2 mm L4 retrolisthesis), current diagnoses (lumbar degenerative disc disease), and treatment to date (physical therapy, TENS, activity modification, and medications). There is no documentation of a diagnosis/condition (with supportive subjective/objective findings) for which a repeat study is indicated.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-ray flex/extension (lumbar) R/O instability 3mm retrolisthesis on L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back (updated 07/03/2014), Radiography (x-rays)

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, Flexion/extension imaging studies Other Medical Treatment Guideline or Medical Evidence: (ODG) Minnesota Rules, 5221.6100 Parameters for Medical Imaging

Decision rationale: MTUS reference to ACOEM identifies documentation of red flag diagnoses where plain film radiographs are negative; unequivocal objective findings that identify specific nerve compromise on the neurologic examination, do not respond to treatment, and who would consider surgery, as criteria necessary to support the medical necessity of imaging. ODG identifies documentation of symptomatic spondylolisthesis when there is consideration for surgery, as criteria necessary to support the medical necessity of flexion and extension x-rays. In addition, ODG identifies documentation of a diagnosis/condition (with supportive subjective/objective findings) for which a repeat study is indicated (such as: To diagnose a suspected fracture or suspected dislocation, to monitor a therapy or treatment which is known to result in a change in imaging findings and imaging of these changes are necessary to determine the efficacy of the therapy or treatment (repeat imaging is not appropriate solely to determine the efficacy of physical therapy or chiropractic treatment), to follow up a surgical procedure, to diagnose a change in the patient's condition marked by new or altered physical findings) as criteria necessary to support the medical necessity of a repeat study. Within the medical information available for review, there is documentation of diagnosis of lumbar degenerative disc disease. However, given documentation of prior lumbar spine x-rays findings consistent with lumbar spondylosis most significant at L5-S1, and mild at L4-5, stable slight retrolisthesis at L4 and L5; L5-S1 marked decreased disc height, endplate spurring and eburnation, 2 mm L5 retrolisthesis, 3 mm L4 retrolisthesis, at flexion there is 2 mm L5 retrolisthesis and 2 mm L4 retrolisthesis; at extension, there is 1 mm L5 retrolisthesis and 2 mm L4 retrolisthesis, there is no documentation of a diagnosis/condition (with supportive subjective/objective findings) for which a repeat study is indicated. Therefore, based on guidelines and a review of the evidence, the request for x-ray flex/extension (lumbar) R/O instability 3mm retrolisthesis on L5-S1 is not medically necessary.