

CASEREVIEW

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IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

1 X-ray for the Lumbar Spine, as an outpatient

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

This physician is Board Certified in Neurological Surgery with over 23 years of experience.

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

Overturned (Disagree)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who sustained an injury on XX/XX/XX. A L4-S1 fusion was performed on XX/XX/XX, followed by physical therapy. He had been using MS Contin and Hydrocodone 6 a day for his pain which allowed him to continue work, but weaned himself off all pain medicines.

On XX/XX/XX, the claimant presented for follow-up of chronic low back pain. It was reported that his pain level was now down to a 2 or 3/10. He was last seen on XX/XX/XX and was doing great at that time. He recently finished physical therapy. It was noted that unfortunately x-rays were denied. It was also reported that 5 days ago he began experiencing left sided low back pain that radiated down the left leg. It was noted to be quite significant. The claimant reported no injury or change in activity. On examination, his straight leg raising was positive at 40 degrees producing low back pain. He walked with a limp. Motor strength was 5-/5 due to give-away pain. DTRs were 1+. Impression: 1. Status post L4-5 and L5-S1 fusion on XX/XX/XX. 2. Exacerbation of low back pain. Plan: X-ray, start Medrol Dosepak and Robaxin, if no improvement then will order MRI.

On XX/XX/XX, UR. Rationale for Denial: It is unclear why there is a request for an x-ray of the lumbar spine at this time. The Official Disability Guidelines recommend radiographs of the lumbar spine, if there is a neurological deficit, recent trauma, myelopathy, suspicion of disease, or post-surgery to evaluate the status of a fusion. While the injured employee did have a previous fusion performed on XX/XX/XX, the supplied medical record does not question the integrity of this fusion. The progress note, dated XX/XX/XX, which requests an x-ray, only indicates that there has been an exacerbation of low back pain without any other change in symptoms or physical examination findings. Considering this, this request for an x-ray of the lumbar spine is not medically necessary.

On XX/XX/XX, UR. Rationale for Denial: The Official Disability Guidelines recommends radiographs of the lumbar spine if there is a presence of a neurological deficit, lumbar spine trauma, myelopathy, systemic disease, or to assess a previous fusion. Although the progress note on XX/XX/XX states that there has been some increased back pain for 5 days there is not stated to be any new changes of the injured employee's physical examination from prior nor is there stated to be a question regarding the fusion performed over XX months ago. Considering these symptoms, objective findings, and the guideline recommendations, this request for an x-ray of the lumbar spine is not medically necessary.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:

The previous adverse determinations are overturned. This claimant had a lumbar fusion done less than a year ago. It is perfectly reasonable to assess the claimant's fusion with lumbar X-rays prior to proceeding to CT scan or MRI. This is not a new onset back or leg pain patient so the ODG guidelines for limited use of radiographs do not apply. The claimant can still proceed to PT and injections but it would be prudent to assess his fusion radiographically to ensure no hardware loosening or fracture at this time. The claimant meets the ODG criteria for plain X-rays as he had a prior lumbar fusion that needs to be assessed. The request for 1 X-ray for the Lumbar Spine, as an outpatient is approved.

PER ODG:

Radiography (x-rays)

Not recommend routine x-rays in the absence of red flags. (See indications list below.) Lumbar spine radiography 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, some providers feel it "may" be appropriate when the physician believes it would aid in patient expectations and management. The theory is that this reassurance may lessen fear avoidance regarding return to normal activities and exercise, but this has not been proven. (Ash, 2008) Indiscriminant imaging may result in false positive findings that are not the source of painful symptoms and do not warrant surgery. A history that includes the key features of serious causes will detect all patients requiring imaging. (Kendrick, 2001) (Bigos, 1999) (Seidenwurm, 2000) (Gilbert, 2004) (Gilbert2, 2004) (Yelland, 2004) (Airaksinen, 2006) (Chou, 2007) According to the American College of Radiology, "It is now clear from previous studies that uncomplicated acute low back pain is a benign, self-limited condition that does not warrant any imaging studies." (ACR, 2000) A Recent quality study concludes that MRI is no better than x-rays in management of low back pain, if the cost benefit analysis includes all the treatment that continues after the more sensitive MRI reveals the usual insignificant disc bulges and herniations. (Jarvik-JAMA, 2003) The new proposed HEDIS (Health plan Employer Data Information Set) report card on the use of imaging for low back is scheduled to go into effect on Jan 1, 2005. This new standard is the first one in which the issue is over utilization. In young and middle-aged adults, with new episodes of mechanical LBP, without any indication of comorbid complications, the new standard assumes that there is no indication for imaging. (HEDIS, 2004) The new ACP/APS guideline as compared to the old AHCPR guideline is similarly cautious about the use of plain x-ray imaging, but now more strongly supported by the availability of randomized trials showing no benefit for early x-ray imaging. (Shekelle, 2008) New research shows that healthcare expenditures for back and neck problems have increased substantially over time, but with little improvement in healthcare outcomes such as functional disability and work limitations. Rates of imaging, injections, opiate use, and spinal surgery have increased substantially over the past decade, but it is unclear what impact, if any, this has had on health outcomes. (Martin, 2008)

A new meta-analysis of randomized trials finds no benefit to routine lumbar imaging (radiography, MRI, or CT) for low back pain without indications of serious underlying conditions, and recommends that clinicians should refrain from routine, immediate lumbar

imaging in these patients. ([Chou-Lancet, 2009](#)) Routine imaging for low back pain is not beneficial and may even be harmful, according to new guidelines from the American College of Physicians. Imaging is indicated only if patients have severe progressive neurologic impairments or signs or symptoms indicating a serious or specific underlying condition, or if they are candidates for invasive interventions. Immediate imaging is recommended for patients with major risk factors for cancer, spinal infection, cauda equina syndrome, or severe or progressive neurologic deficits. Imaging after a trial of treatment is recommended for patients who have minor risk factors for cancer, inflammatory back disease, vertebral compression fracture, radiculopathy, or symptomatic spinal stenosis. Subsequent imaging should be based on new symptoms or changes in current symptoms. ([Chou, 2011](#)) The recommendation to avoid early imaging for low back pain was included in the National Physicians Alliance's list of Top 5 Health Care Activities for Which Less Is More. ([Srinivas, 2012](#)) Older adults with new-onset back pain also should not undergo diagnostic imaging immediately because it is costly and will not improve outcomes, according to a large study. In contrast to recommendations for younger adults, many guidelines allow for older adults with new back pain to undergo imaging without waiting 4 to 6 weeks because of a higher prevalence of serious underlying conditions in this age group. However, given the equally high prevalence of incidental findings in older adults, imaging soon after initial presentation may lead to a cascade of subsequent interventions that increase costs without benefits. ([Jarvik, 2015](#)) See also [ACR Appropriateness Criteria™](#). See also [Flexion/extension imaging studies](#).

Indications for imaging -- Plain X-rays:

- Thoracic spine trauma: severe trauma, pain, no neurological deficit
- Thoracic spine trauma: with neurological deficit
- Lumbar spine trauma (a serious bodily injury): pain, tenderness
- Lumbar spine trauma: trauma, neurological deficit
- Lumbar spine trauma: seat belt (chance) fracture
- Uncomplicated low back pain, trauma, steroids, osteoporosis, over 70
- Uncomplicated low back pain, suspicion of cancer, infection
- Myelopathy (neurological deficit related to the spinal cord), traumatic
- Myelopathy, painful
- Myelopathy, sudden onset
- Myelopathy, infectious disease patient
- Myelopathy, oncology patient
- Post-surgery: evaluate status of fusion

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE**
- AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES**
- DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES**
- EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN**
- INTERQUAL CRITERIA**
- MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES**
- MILLIMAN CARE GUIDELINES**
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR**
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS**
- TEXAS TACADA GUIDELINES**
- TMF SCREENING CRITERIA MANUAL**
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)**
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**