

Case Number:	CM13-0057894		
Date Assigned:	03/28/2014	Date of Injury:	09/06/2013
Decision Date:	06/02/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	11/25/2013

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 Family Medicine and is licensed to practice in New Jersey. 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:

The worker is a 32 year old male who injured his back after tripping and landing on his back while lifting a box on 9/06/13. He was seen by a physician at a local emergency department that same day, who reported the worker was calm and breathing normally, but with pain 7/10 in his back and was found to have midline tenderness in the thoracic area but good sensation to feet, normal movement of legs and arms and pain in back with push/pulls, stated in the progress note. The rest of his exam and vitals were normal, according to the note provided. An x-ray of his lower and mid back was ordered along with an EKG. He was diagnosed with acute lumbar strain, acute neck pain, and acute back pain lumbar area. He was given Norco and Flexeril to go home with.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE X-RAY OF THE THORACIC AND LUMBAR SPINE DOS: 9/6/13:
Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 177-178,303-304.

Decision rationale: The MTUS ACOEM Guidelines state that the criteria for warranting imaging studies after injury to the neck or back include if there is emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, and for clarification of the anatomy prior to an invasive procedure. No red flag disorders (including fracture or spinal cord compromise) were likely based on the history and physical examination during the emergency room visit to suggest x-ray imaging would help diagnose or manage the worker's injury. The emergency room physician noted midline thoracic tenderness on examination, but this wasn't described fully and alone would not be convincing enough to need an x-ray to confirm fracture. The request is not medically necessary or appropriate.