

Case Number:	CM14-0002037		
Date Assigned:	01/24/2014	Date of Injury:	01/09/2002
Decision Date:	06/19/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/07/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 injured worker is a 44-year-old female with a reported date of injury on 01/09/2002. The mechanism of injury was reported as a slip and fall. There were complaints of low back pain, right lower extremity pain, and coccygeal area pain. The patient rated her pain at 7/10. MRI of the lumbar spine, which revealed annular tear at L5-S1, the MRI was not available for review with the documentation provided. According to the documentation provided, the injured worker underwent 3 epidural steroid injections, which only gave her "short-term improvement." Medication regimen included ibuprofen. Diagnoses included chronic pain syndrome, lumbosacral spondylosis without myelopathy, sacroiliitis, and lumbago. The request for authorization for x-ray of the lumbar spine AP, lateral and coccyx and donut pillow was submitted on 01/07/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-RAY OF THE LUMBAR SPINE (AP, LATERAL) AND COCCYX: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Non-MTUS Citation: Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 292-296. Decision based on Non-MTUS Citation Non-MTUS Citation: Official Disability Guidelines (ODG) Low Back, Radiography.

Decision rationale: The MTUS/ACOEM guidelines state evidence of severe neurologic compromise that correlates with the medical history and test results may indicate a need for immediate consultation. The physical examination may further reinforce or reduce suspicions of tumor, infection, fracture or dislocation. According to the Official Disability Guidelines (ODG), radiography is not recommended in the absence of red flags. Lumbar spine radiography should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology. Indications for imaging would include trauma and sudden onset of pain. According to the documentation provided, the patient has not had a change in physical status, and the reported pain has been unchanged since the date of injury. The rationale for the lumbar and coccyx x-ray is unclear. It did not appear the patient had significant physical exam findings for which radiography would be indicated. Therefore, the request for x-ray of the lumbar spine (AP, lateral) and coccyx is not medically necessary and appropriate.

DONUT PILLOW: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Durable Medical Equipment.

Decision rationale: According to Official Disability Guidelines (ODG), durable medical equipment is recommended if there is a medical need and if the device or system meets the definition of durable medical equipment. According to ODG guidelines, durable medical equipment is defined as equipment that can normally be rented or used by successive patients, is primarily used to serve a medical condition, and is not useful to a person in the absence of illness or injury. According to the documentation provided, the patient reported pain has been unchanged since the date of injury. The rationale for the request for the donut pillow is unclear. Additionally, a donut pillow would not meet the recommendations within the definition of durable medical equipment as it cannot be rented or used by successive injured workers and it would be useful to individuals in the absence of illness or injury. Therefore, the request for the donut pillow is not medically necessary and appropriate.