

Case Number:	CM14-0101932		
Date Assigned:	09/16/2014	Date of Injury:	02/08/2011
Decision Date:	10/24/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	07/02/2014

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:

This patient is a 39 y/o male who is status post hip fracture from a slip and fall dated 2/8/11. He has recently been evaluated for persistent hip pain and the consulting orthopedist documented retained hardware that was tender and prominent. Removal of the hardware was planned. This patient also has a history of low back pain, but the evaluating orthopedist documented that the low back pain had pretty much resolved and was not associated with any neurological changes on exam or history. X-rays of of the low back were requested to "complete the work-up".

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar X-ray: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: MTUS Guidelines do not recommend routine X-rays of the lumbar spine unless there are "red flag" conditions and/or invasive procedures are planned or there is a specific issue that may assist in patient management. It is documented that this patient has no "red flag" conditions, that his back pain has nearly resolved and no special medical management issues are

documented. Under these circumstances Guidelines do not recommend low back x-rays. The request for lumbar x-rays is not medically necessary.