MAXIMUS Federal Services

Case Number:	CM14-0205420		
Date Assigned:	12/17/2014	Date of Injury:	08/27/2007
Decision Date:	02/12/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	12/08/2014

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:

The applicant is a represented [redacted] employee who has filed a claim for chronic mid back, low back, hip, and pelvis pain reportedly associated with an industrial injury of August 27, 2007.In a Utilization Review Report dated November 14, 2014, the claims administrator retrospectively denied x-rays of the thoracic spine and lumbar spine apparently performed on July 26, 2014 and/or September 26, 2014. The report was difficult to follow and was, in large part, a reprisal of historical Utilization Review Report. The applicant had a history of earlier ankle arthroscopy and was off of work, the claims administrator contended.In a handwritten note dated November 6, 2014, the applicant was placed off of work, on total temporary disability, owing to ongoing complaints of neck pain with associated spasms. Tylenol, Aleve, lidocaine patches, a TENS unit, MRI imaging of the thoracic spine, MRI imaging of the lumbar spine, and MRI imaging of the hips and pelvis were endorsed while the applicant was kept off of work. The applicant did exhibit a normal gait with normal heel and toe ambulation and no neurologic changes, it was stated.On November 3, 2014, Tylenol, Aleve, physical therapy and an ankle arthroscopy procedure were endorsed while the applicant was, once again, kept off of work, on total temporary disability.In a handwritten note dated September 26, 2014, the applicant reported ongoing complaints of mid and low back pain. The note was very difficult to follow. X-rays of the thoracic spine and lumbar spine were apparently performed in the clinic and were reportedly negative for any acute changes. The applicant was placed off of work, on total temporary disability, while MRI imaging of the thoracic spine, lumbar spine, and bilateral hips and pelvis was sought.In an earlier report dated September 12, 2014, the attending provider reported that x-rays of the lumbar spine demonstrated no acute changes. The applicant was, once again, kept off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective X-Ray thoracic spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182. Decision based on Non-MTUS Citation ODG Treatment Integrated Treatment/Disability Duration Guidelines Neck and Upper Back (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Table 8-8,182.

Decision rationale: As noted in the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 182, the routine usage of plain film radiography is "not recommended" in applicants in whom red flags are absent. Here, there was no mention of the applicant's carrying any red flag diagnoses such as fracture, tumor, or infection about the thoracic spine for which plain film x-rays of the thoracic spine would have been indicated. Rather, it appeared that the attending provider was ordering x-rays of the thoracic spine on a routine basis, on September 26, 2014, in conjunction with concurrently ordered lumbar spine plain films, lumbar spine MRI imaging, thoracic spine MRI imaging, and MRI imaging of the bilateral hips and pelvis. The attending provider's handwritten progress notes did not uncover any clear rationale for pursuit of the study at issue. The study in question was reportedly negative for any acute changes, the attending provider himself acknowledged. Therefore, the request was not medically necessary.

Retrospective X-Ray lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation APG 1 Plus, 2010, Low Back Disorders, Special Studies and Diagnostic and Treatment Considerations

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Table 12-8, 309.

Decision rationale: As noted in the MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 309, the routine usage of plain film radiography of the lumbar spine is "not recommended" in applicants in whom red flags are absent. Here, there was no mention of the applicant's carrying any red flag diagnoses such as fracture, tumor, infection, cauda equina syndrome, etc., which would have compelled the plain film radiography in question which was, it was incidentally noted, negative for any acute changes, the attending provider reported on September 26, 2014. It is further noted that the applicant seemingly had prior x-rays of the lumbar spine on September 12, 2014, also reported negative for any acute changes. It is not clear why plain film x-rays of the lumbar spine were sought two weeks after previously performed x-rays. Therefore, the request was not medically necessary.