

Case Number:	CM15-0139059		
Date Assigned:	07/29/2015	Date of Injury:	06/03/2009
Decision Date:	08/26/2015	UR Denial Date:	07/16/2015
Priority:	Standard	Application Received:	07/17/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Emergency Medicine

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 51 year old female with an industrial injury dated 06/03/2009. The mechanism of injury is documented as a fall. Her diagnoses included lumbalgia, neuralgia, neuritis and radiculitis, pain lower extremity, contusion of the lower limb-hip and hip instability. Prior treatment included chiropractic treatments and physical therapy with 70% relief, diagnostics and medications. She presents on 07/11/2015 for follow up of lumbar and pelvic injury. She noted low back, left groin and left sciatica pain along with headache for last 5 days. The lumbar spine pain is rated 8/10, sciatica 8/10, left groin 8-9/10 and headache 8-9/10. Objective findings noted limited range of motion of the lumbar spine. There was tenderness in the left groin and left sacroiliac area. Treatment plan included x-rays, diagnostic arthrogram for left hip MRI, chiropractic consultation and psychiatric referral for depression. The treatment request for arthrogram of the left hip was authorized. The treatment request is for x-ray of the left hip quantity 1 and x-ray of the lumbar spine quantity 1.

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 Qty: 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Radiography (x-rays).

Decision rationale: The requested X-ray of the lumbar spine Qty: 1, is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 12, Low Back Complaints, Special Studies and Diagnostic and Treatment Considerations, Page 303 note "Lumbar spine x rays 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 six weeks;" and Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic), Radiography (x-rays) note "Radiography (x-rays) - Not recommend routine x-rays in the absence of red flags." The injured worker has low back, left groin and left sciatica pain along with headache for last 5 days. The lumbar spine pain is rated 8/10, sciatica 8/10, left groin 8-9/10 and headache 8-9/10. Objective findings noted limited range of motion of the lumbar spine. There was tenderness in the left groin and left sacroiliac area. The treating physician has not documented applicable red flag conditions. The criteria noted above not having been met, X-ray of the lumbar spine Qty: 1 is not medically necessary.

X-ray of the left hip Qty: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip and Pelvis Chapter, X-ray.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and Pelvis, (Acute & Chronic), Radiography (x-rays) note - Radiography (x-rays).

Decision rationale: The requested X-ray of the left hip Qty: 1, is not medically necessary. CA MTUS is silent. Official Disability Guidelines (ODG), Hip and Pelvis, (Acute & Chronic), Radiography (x-rays) note "Radiography (x-rays) - Not recommend routine x-rays in the absence of red flags." The injured worker has low back, left groin and left sciatica pain along with headache for last 5 days. The lumbar spine pain is rated 8/10, sciatica 8/10, left groin 8-9/10 and headache 8-9/10. Objective findings noted limited range of motion of the lumbar spine. There was tenderness in the left groin and left sacroiliac area. The treating physician has not documented applicable red flag conditions. The criteria noted above not having been met, X-ray of the left hip Qty: 1 is not medically necessary.