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| Case Number: | CM15-0145541 | | |
| Date Assigned: | 08/06/2015 | Date of Injury: | 05/11/2015 |
| Decision Date: | 09/09/2015 | UR Denial Date: | 06/22/2015 |
| Priority: | Standard | Application Received: | 07/27/2015 |

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, Massachusetts
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 47-year-old male, who sustained an industrial injury on 5-11- 2015. According to clinic note from 5/13/15 the IW was "pulling a pallet out of the truck with floor jack and slipped on floor and hit the floor on his back". Pain was 8/10. Diagnoses include sprain and strain of lumbar and neck sprain and strain. Treatment to date has included 4 sessions of physical therapy and medication management. Per the Primary Treating Physician's Progress Report dated 6-04-2015, the injured worker reported pain rated as 6 out of 10. He also reported neck pain and weakness in the right hand. Physical examination of the cervical spine revealed decreased range of motion, bony tenderness and pain. Examination of the lumbar spine revealed decreased range of motion, bony tenderness, pain and spasm. The plan of care included medication management. Authorization was requested for physical therapy (1x6) for the upper and lower back, and acupuncture (1x6) for the upper and lower back.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-Ray for lumbar, thoracic and cervical spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

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

Decision rationale: According to ACOEM guideline, x-ray is recommended if "red flags" are present including "serious spinal pathology, even if the pain has persisted for at least 6 weeks. However, it may be appropriate when the physician believes it would aid in patient management". In this case, the IW was after a traumatic falls resulting in physical exam findings suggesting potential serious spinal pathology including fracture or disc injury. The treating provider requested the spinal x-rays in order to aid in diagnosis and treatment, therefore the requested X-rays were medically necessary.