

Case Number:	CM15-0022073		
Date Assigned:	02/11/2015	Date of Injury:	06/26/2014
Decision Date:	04/08/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	02/05/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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:

This 53 year old male sustained an industrial injury on 6/26/14. He subsequently reports low back pain that radiates down the right lower extremity. Diagnoses include lumbar sprain, lumbar sciatica and lumbar myelopathy. An MRI dated 10/14/14 revealed abnormalities of the lumbar spine. On 1/21/15, Utilization Review non-certified a request for X-ray of Pelvis. The X-ray of Pelvis was denied based on ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-ray of Pelvis: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315.

Decision rationale: The ACOEM Guidelines support the use of radiographs in determining the cause of lower back complaints in limited cases, such as in select cases involving findings suspicious for a fracture, cancer, or infection. The submitted and reviewed documentation

indicated the worker was experiencing lower back pain that went into the right leg. There were no documented "red flag" findings or discussion that describing special issues that sufficiently supported this request. In the absence of such evidence, the current request for x-rays of the pelvis is not medically necessary.