

Case Number:	CM15-0052768		
Date Assigned:	03/26/2015	Date of Injury:	10/22/2014
Decision Date:	05/14/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	03/20/2015

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: Physical Medicine & Rehabilitation

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 54-year-old male who reported an injury on 10/22/2014. The injured worker reportedly suffered an injury to the low back when his log skidder rolled over. The injured worker suffered a low back and tail bone injury. On 02/09/2015 the injured worker presented for an evaluation with complaints of lumbosacral pain radiating into the left lower extremity. Upon examination there was difficulty rising from a seated position, an antalgic gait, weakness in the left lower extremity, stiffness, and tenderness at the sacrococcygeal junction. Recommendations at that time included an x-ray of the sacrococcygeal junction as well as a pelvic MRI to rule out an abnormality. A Request for Authorization was then submitted on 02/16/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-ray of the left foot (3 views): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Ottawa Criteria rules for foot and ankle.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372-374.

Decision rationale: California MTUS/ACOEM Practice Guidelines state for most cases with true foot and ankle disorders, special studies are usually not needed until after a period of conservative care and observation. In this case, there was no documentation of the musculoskeletal deficit with regard to the left foot. There is also no documentation at an attempt at any conservative management for the left foot prior to the request of an imaging study. Given the above, the request is not medically appropriate.

X-ray sacral/coccyx (2 views): 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 (acute and chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: California MTUS/ACOEM Practice Guidelines state 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 6 weeks. In this case, there was no documentation of an attempt at any conservative management prior to the request for an x-ray. There is also no documentation submitted of a significant functional deficit. Given the above, the request is not medically appropriate.

Magnetic Resonance Imaging of the pelvis: 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 (acute and chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip & Pelvis Chapter, MRI (magnetic resonance imaging).

Decision rationale: The Official Disability Guidelines state magnetic resonance imaging may be indicated for osseous, articular or soft tissue abnormalities. Other indications include osteonecrosis, occult acute and stress fracture, acute and chronic soft tissue injury or a tumor. The injured worker does not appear to meet the above mentioned criteria. There are no physical examination findings documented supporting the necessity for an MRI of the pelvis. There is also no documentation of an attempt at any recent conservative management. Given the above, the request is not medically appropriate.

Magnetic Resonance Imaging of the sacrococcygeal: 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 (acute and chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: California MTUS/ACOEM Practice Guidelines state magnetic resonance imaging may be indicated if there is physiologic evidence of tissue insult or nerve impairment. In this case, there was no documentation of a significant functional deficit. There is also no mention of an attempt at any recent conservative management. Given the above, the request is not medically appropriate.

X-ray of the pelvis: 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 (acute and chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip & Pelvis Chapter, X-Ray.

Decision rationale: The Official Disability Guidelines recommend an x-ray as indicated. X-rays of the pelvis should routinely be obtained from patients sustaining a severe injury. In this case, there was no mention of a severe injury to the pelvis. There was no documentation of a significant functional deficit. There was also no mention of an attempt at any conservative management. Given the above, the request is not medically appropriate.