

Case Number:	CM14-0113691		
Date Assigned:	08/01/2014	Date of Injury:	05/23/2007
Decision Date:	09/26/2014	UR Denial Date:	06/27/2014
Priority:	Standard	Application Received:	07/21/2014

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:

According to the records made available for review, this is a 54-year-old male with a 5/23/07 date of injury, and status post coccygectomy 09. At the time (6/26/14) of request for authorization for x-rays lumbar spine and x-ray coccyx/sacrum, there is documentation of subjective (low back pain) and objective (lumbar spine tenderness, trigger points, sacroiliac joint tenderness, reduced range of motion 50%, and abnormal sensory exam) findings, current diagnoses (status post coccygectomy 09, lumbar spine strain, status post infection post-op for 1 year coccyx), and treatment to date (medications). There is no documentation of subjective/objective findings consistent with coccyx/sacrum pathology.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-rays - Lumbar Spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303 and 304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Radiography (x-rays).

Decision rationale: MTUS reference to ACOEM identifies documentation of red flag diagnoses where plain film radiographs are negative; unequivocal objective findings that identify specific nerve compromise on the neurologic examination, do not respond to treatment, and who would consider surgery, as criteria necessary to support the medical necessity of imaging. ODG identifies documentation of lumbar spine trauma with pain, tenderness, neurological deficit, or seat belt (chance) fracture; uncomplicated low back pain with trauma, steroids, osteoporosis, and over 70 or suspicion of cancer or infection; myelopathy that is traumatic, painful, of sudden onset, or an infectious disease or oncology patient; or to evaluate the status of fusion, as criteria necessary to support the medical necessity of lumbar x-rays. Within the medical information available for review, there is documentation of lumbar spine pain, tenderness, and neurological deficit. Therefore, based on guidelines and a review of the evidence, the request for -rays lumbar spine is medically necessary.

X-ray Coccyx/Sacrum: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, 304.

Decision rationale: MTUS reference to ACOEM identifies documentation of red flag diagnoses where plain film radiographs are negative; unequivocal objective findings that identify specific nerve compromise on the neurologic examination, do not respond to treatment, and who would consider surgery, as criteria necessary to support the medical necessity of imaging. Within the medical information available for review, there is documentation of diagnoses of status post coccygectomy 09, lumbar spine strain, and status post infection post-op for 1 year coccyx. However, there is no documentation of subjective/objective findings consistent with coccyx/sacrum pathology. Therefore, based on guidelines and a review of the evidence, the request for x-ray coccyx/sacrum is not medically necessary.