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| Case Number: | CM14-0214852 | | |
| Date Assigned: | 01/07/2015 | Date of Injury: | 02/24/2002 |
| Decision Date: | 02/28/2015 | UR Denial Date: | 12/02/2014 |
| Priority: | Standard | Application Received: | 12/22/2014 |

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. 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: Family Practice

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 medical records, the patient is a 49 year old female who sustained an industrial injury on 2/24/2002. The patient is status post C5-C6 fusion in 2003. According to a request for authorization dated 11/21/2014 from the patient's chiropractic physician, he has been treating the patient for neck, low back and left hip pain. The patient has mentioned that her pain is from a worker compensation injury and she has received a stipulation with request for award on 8/12/2014 which allowed her permanent future medical for these injuries. Request is made to examine the patient and possibly take X-rays of her neck, lower back/hips to determine what the patient needs going forward. Utilization review was performed on 12/2/2014 at which time the requested X-rays were non-certified. During a telephone conversation, the treating physician indicated that the patient has been under his care since 2008. The treating physician confirmed that the patient has not reported any new trauma or reported signs which would be considered diagnostic red flags. The requested X-rays were non-certified as the current guidelines indicate that routine X-rays are not recommended in the absence of red flags. The records did not contain evidence of diagnostic red flags nor was there evidence that the requested X-rays are the first study.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-rays of cervical spine complete: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG online neck X-rays: Indications for imaging

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: According to the ACOEM Guidelines, cervical radiographs are most appropriate for patients with acute trauma associated with midline vertebral tenderness, head injury, drug or alcohol intoxication, or neurologic compromise. Criteria for ordering imaging studies are emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. In this case, the medical records do not establish evidence of red flags, neurologic deficit or re-injury to support the request for cervical spine X-rays.

X-rays of lumbar spine complete: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG online low back

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

Decision rationale: According to the ACOEM guidelines, 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. The medical records in this case do not establish evidence of red flags or re-injury to support the requested imaging studies. The request for lumbar X-rays is therefore not medically necessary.

X-rays of pelvis AP (anterior and posterior): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG online hip/pelvis

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Hip Chapter, X-rays

Decision rationale: According to ODG, plain radiographs (X-Rays) of the pelvis should routinely be obtained in patients sustaining a severe injury. ODG notes that X-Rays are also valuable for identifying patients with a high risk of the development of hip osteoarthritis. In this case, there is no evidence of red flags or re-injury to support the request for pelvic X-rays. In the absence of red flags, evidence of specific injury or being at risk of developing hip osteoarthritis, the request for pelvic X-rays is not medically necessary.

