

<b>Case Number:</b>	CM15-0035336		
<b>Date Assigned:</b>	03/03/2015	<b>Date of Injury:</b>	01/30/2014
<b>Decision Date:</b>	06/26/2015	<b>UR Denial Date:</b>	02/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/25/2015

### 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: New York  
 Certification(s)/Specialty: Pediatrics, Internal 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 43-year-old male injured worker suffered an industrial injury on 1/30/2014. The diagnoses were bilateral knee sprain/strain, bilateral hips and lumbosacral spondylosis without myelopathy. The diagnostic studies and treatments were not included in the documentation provided. The treating provider reported persistent bilateral hip pain, bilateral knee pain and sacroiliac low back pain. On exam there was restricted range of motion to the lumbar spine with spasms. The Utilization Review Determination on 2/3/2015 non-certified the retrospective requests: 1. X-ray lumbar spine, MTUS, ACOEM, ODG. 2. X-ray unilateral hip, ODG. 3. X-ray bilateral knees, MTUS, ACOEM, ODG. 4. Chiropractic/physical rehabilitation, MTUS5. Back Support, MTUS, ACOEM.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**X-ray lumbar spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines. Knee chapter ACOEM guidelines, page 341.

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

**Decision rationale:** Per 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. However, it may be appropriate when the physician believes it would aid in patient management. Red flags include a history of tumor, infection, abdominal aneurysm, or other related serious conditions, together with positive findings on examination, warrants further investigation or referral. The documentation does not indicate what the physician was expecting to find on radiographs nor how that would change the care of the IW. The request is not medically necessary and appropriate.

**X-ray unilateral hip:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Hip chapter.

**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:** Per ODG guidelines, plain radiographs (X-Rays) of the pelvis should routinely be obtained in patients sustaining a severe injury. The documentation provided notes chronic exposure to wearing a gun belt while sitting. There is no history of severe injury, which would prompt imaging. The request is not medically necessary and appropriate.

**X-ray bil knees:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back chapter ACOEM guidelines, page 303.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341, 343.

**Decision rationale:** ACOEM guidelines note that the position of the American College of Radiology (ACR) in its most recent appropriateness criteria list the following clinical parameters as predicting absence of significant fracture and may be used to support the decision not to obtain a radiograph following knee trauma. The patient is able to walk without a limp and the patient had a twisting injury and there is no effusion. The clinical parameters for ordering knee radiographs following trauma in this population are joint effusion within 24 hours of direct blow or fall, palpable tenderness over fibular head or patella, inability to walk (four steps) or bear weight immediately or within a week of the trauma and inability to flex knee to 90 degrees. The IW did not report any of the indications for imaging of the knee nor were there findings on physical examination that would indicate the need for imaging. The request is not medically necessary and appropriate.

**Chiropractic/physical rehabilitation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Massage therapy, Physical Medicine Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-59. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter.

**Decision rationale:** Per MTUS and ODG guidelines, chiropractic manipulation is recommended as an option for chronic pain if caused by musculoskeletal conditions. Medical evidence shows good outcomes from the use of manipulation in acute low back pain without radiculopathy (but also not necessarily, any better than outcomes from other recommended treatments). For patients with chronic low back pain, manipulation may be safe and outcomes may be good, but the studies are not quite as convincing. If manipulation has not resulted in functional improvement in the first one or two weeks, it should be stopped and the patient reevaluated. Per ODG guidelines physical therapy is recommended for the low back at 8 visits over 10 weeks. The medical records of treatments from the date of injury through the date of examination were not available to determine previous treatment provided and necessity of further treatments. The request is not medically necessary and appropriate.

**Back Support:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM 2004 guidelines. Page 301 Official Disability Guidelines, Low Back chapter.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

**Decision rationale:** According to ACOEM guidelines, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The ODG guidelines state that lumbar supports are recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific LBP (very low-quality evidence, but may be a conservative option). The IW has diagnoses of lumbar spondylolysis without myelopathy, which is not an indication for bracing/supports. The request is not medically necessary and appropriate.