

Case Number:	CM15-0065589		
Date Assigned:	04/13/2015	Date of Injury:	10/22/2002
Decision Date:	05/18/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	04/07/2015

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, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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 injured worker is a 63-year-old male who sustained an industrial injury on October 22, 2002. He has reported right hip pain and has been diagnosed with right hip avascular necrosis with collapse of the femoral head. Treatment has included medications and surgery. Currently the injured worker complains of pain to the right hip and persistent pain in the left hip. The treatment request included diagnostic imaging.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-Ray of The Cervical Spine, AP/Lateral Views with Lateral Flexion-Extension Views:
 Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

Decision rationale: Guidelines state that routine use of cervical spine x-rays is not recommended in the first 4-6 weeks if red flags are absent. Guidelines recommend x-rays of the cervical spine if there is cervical spine trauma with impaired sensorium. In this case, patient has chronic neck pain and has undergone conservative and surgical care. In this case, there is no red flag and no cervical spine trauma. The request for cervical spine films is not medically necessary and appropriate.

X-Ray of The Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: Guidelines recommend lumbar spine x-rays if there are red flags for serious pathology or if there is lumbar spine trauma with neurologic deficits. In this case, the patient complains of a 12-year history of low back pain but there is no objective evidence of neurologic deficits. The request for lumbar spine x-rays is not medically appropriate and necessary.

MRI of The Lumbar Spine without Contrast: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: Guidelines states that if physiologic evidence indicates tissue insult or nerve impairment, imaging may be indicated. If lumbar spine trauma is accompanied by neurologic deficits, imaging may be indicated. In this case, the patient complained of 12 years of low back pain with no evidence of neurologic deficits to support the request. The request for MRI of the lumbar spine is not medically appropriate and necessary.