

<b>Case Number:</b>	CM13-0011155		
<b>Date Assigned:</b>	09/30/2013	<b>Date of Injury:</b>	02/14/2003
<b>Decision Date:</b>	04/17/2014	<b>UR Denial Date:</b>	07/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/14/2013

### 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 Family Practice, 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:

The patient is a 56-year-old female who reported a work-related injury on 2/14/13. The mechanism of injury was not provided. The patient's diagnosis was right sacroiliac pain. The patient underwent an x-ray of the pelvis and sacroiliac joint on 1/17/13. The radiographs revealed stable placement and in-growth of the sacroiliac joint fusions. Documentation of 6/27/13 revealed that the patient had significant pain, and the physician was recommending a repeat CT scan of the pelvis with thin-cut reformats to assess the area around the sacroiliac joint fusion. The patient was six months post-op from lumbar discectomy and fusion, and had participated in two physical therapy visits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **REPEAT CT SCAN 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.

**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, COMPUTED TOMOGRAPHY

**Decision rationale:** The Official Disability Guidelines recommend CT scans for sacral insufficiency fractures and to evaluate bony masses and suspected fractures not clearly identified on radiographic window evaluation. The patient had a prior x-ray that revealed stable placement and in-growth of the sacroiliac joint fusions. Clinical documentation submitted for review failed to provide a recent radiograph with positive findings to support the necessity for a repeat CT scan. The physician opined that the patient needed a new CT due to complaints of pain. There was a lack of documentation of objective upon physical examination for the date of request. Given the above, the request for a repeat CT scan of the pelvis is not medically necessary.