

Case Number:	CM13-0014496		
Date Assigned:	10/03/2013	Date of Injury:	04/04/2007
Decision Date:	02/04/2014	UR Denial Date:	07/30/2013
Priority:	Standard	Application Received:	08/21/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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 applicant is a represented [REDACTED] employee, who has filed a claim for hip, thigh, and pelvis pain reportedly associated with industrial injury of April 4, 2007. Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; a hip corticosteroid injection; multiple trigger point injections; transfer of care to and from various providers in various specialties; attorney representation; prior right shoulder surgery; an MRI arthrogram of the hip of November 8, 2012, notable for a focal partial tear of the proximal semimembranosus tendon; and extensive periods of time off of work. The applicant's case and care have been complicated by comorbid diabetes and hypertension. In a Utilization Review Report of July 30, 2013, the claims administrator denied a request for a three-phase bone scan and CT scanning of the pelvis with and without contrast. The applicant's attorney later appealed. In an April 2, 2013 progress note, it is stated that the applicant should obtain a CT scan of the hip and pelvis since the applicant had an earlier MRI which suggested acetabular abnormality. Permanent work restrictions are renewed. In a clinical progress note of July 2, 2013, the claimant presents with persistent calf and thigh pain. A CT scan of the pelvis is again endorsed along with bone scanning. Multiple progress notes interspersed throughout 2013 are notable for comments that the claimant is given diagnosis of trigger point pain and undergoes multilevel facet imaging. No clear rationale for either bone scan or the CT scan is provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Three (3) Phase Bone Imaging Scan: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines (2013) (Hip and Pelvis).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints.

Decision rationale: The attending provider did not clearly furnish a rationale for the bone scan. It is unclear what is being sought or what is suspected here. While the MTUS-adopted ACOEM Guidelines in Chapter 8 do suggest usage of bone scanning if tumor or infection is suspected and the MTUS-adopted ACOEM Guidelines in Chapter 11 suggest that limited bone scanning can be used to detect fractures if there is a clinical suspicion of the same, in this case, however, the attending provider has not clearly states what precisely is suspected here and/or what is being sought through the proposed bone scan. Therefore, the original Utilization Review decision is upheld. The request remains non-certified, on Independent Medical Review.

COMPUTERIZED TOMOGRAPHY (CT) Scan of the pelvis with and without contrast:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation the (ODG) Official Disability Guidelines (2013) (Hip and Pelvis).

MAXIMUS guideline: Decision based on MTUS ACOEM.

Decision rationale: The MTUS did not address the topic. As noted in the Third Edition ACOEM Guidelines, hip and groin chapter, routine CT scanning is not recommended for evaluating acute, subacute, or chronic hip pain, as is present here. A CT scanning is endorsed in the evaluation of individuals with osteonecrosis or arthroplasty-associated recurrent dislocations. In this case, however, there is no indication or evidence that the applicant has osteonecrosis. The applicant simply has chronic nonspecific hip pain and low back pain. This has been described as myofascial in nature on multiple reports referenced above. The applicant has received multiple trigger point injections for the same. The applicant does not, thus, carry a diagnosis for which a CT scanning of the hip would be indicated. Therefore, the request is not certified.