

<b>Case Number:</b>	CM13-0016996		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	12/04/2012
<b>Decision Date:</b>	01/22/2014	<b>UR Denial Date:</b>	07/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2013

### 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 Orthopedic Surgery, 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 claimant is a fifty one year old female who was injured on December 4, 2012. Recent authorization request form dated July 10, 2013 from treating physician [REDACTED] indicated the claimant is with continued complaints of pelvic discomfort. It states recent diagnostic sacroiliac joint injection was noted to be positive on July 10, 2013 with relief lasting for three days with no significant improvement. The claimant is now noted to be "back at square one". Physical examination showed tenderness to palpation over the involved sacroiliac joint as well as diffuse guarding in a seated position. Assessment at that time was of sacroiliitis and the plan was to evaluate for sacroiliac dysfunction versus arthritis with a noncontrast computed tomography scan of the pelvis and bilateral SI joints for further clarity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Non-contrast computed tomography of the pelvis and both SI joints quantity one:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 11th Edition, 2013 Section: Hip and Pelvis.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 18th Edition, 2013, Updates: Section hip procedure

**Decision rationale:** California Medical Treatment Utilization Schedule (MTUS) Guidelines are silent. When looking at Official Disability Guideline criteria, computed tomography imaging of the pelvis and hips is only indicated for the following indications: to rule out sacroiliac insufficiency fracture, suspected osteoid osteomas, subchondral fractures and failure of closed reduction of hips. Official Disability Guideline criteria do not indicate the role of computed tomography imaging of the hip or pelvis for assessment of SI joint function. There is no documentation as to what this imaging would add to the claimant's current course of care. Based on the claimant's current working diagnosis the request for the imaging in question, support cannot be given per Official Disability Guidelines.