MAXIMUS Federal Services

Case Number:	CM13-0022814		
Date Assigned:	12/18/2013	Date of Injury:	04/02/2001
Decision Date:	08/05/2014	UR Denial Date:	07/11/2013
Priority:	Standard	Application Received:	09/11/2013

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 Internal 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 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 an injured worker with a diagnosis of post-laminectomy syndrome of lumbar region. The date of injury is 4/2/01. The physician's report by [redacted] for date of service 5/13/13 documented the patient's progress. There was pain from the back to the hips and down the legs. MRI showed screws in place, but there is a significant change above the level of the fusion, with anterolisthesis, progression of degenerative disc disease at L4-5 (significant) and L3-4 with increasing facet arthropathy. She walks every day - she can walk a mile without medications and maybe two miles with medications. There was limited flexion to the knee. She holds her back for extension, which bothers her. There is positive tenderness over the facet areas and muscles with increased pain with flexion, extension, and rotation. There were mild spasms and pain in the LS area, the left ischium, and the sacrum. Straight leg raise was positive on the right, described as a pulled/drawing sensation; there were only mild symptoms on the left. There was full range of motion in the left extremity. Deep tendon reflexes were +2 in the upper extremity and +3 in the lower extremities at the knees. Manual muscle testing was intact. There was no ataxia or abnormal movements. Diagnoses included post-laminectomy syndrome, radiculopathy, and low back pain with pain radiating to the bilateral legs. Treatment to date has been Toradol, bracing, ice/heat, Norco, Celebrex, over the counter Turmeric, surgical considerations, hip x-rays to rule out hip pathology as part of her lumbar pain syndrome, MRI with contrast for the back, and epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

AP/LATERAL WITH FLEXION VIEWS RIGHT HIP WITH FROG LEGS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: The MTUS does not address hip x-rays. The Official Disability Guidelines (ODG) state that plain radiographs (x-rays) of the pelvis should routinely be obtained in patients sustaining a severe injury. X-rays are also valuable for identifying patients with a high risk of the development of hip osteoarthritis. MRI shows superior sensitivity in detecting hip and pelvic fractures over plain film radiography. The physician's report by [redacted] on 5/13/13 did not document physical examination of the hips. No history of severe hip injury was documented. No discussion of specific hip pathology and risk factors was presented. The physician's report does not support the medical necessity of x-ray of the hips. As such, the request is not medically necessary.

AP/LATERAL WITH FLEXION VIEW OF LEFT HIP WITH FROG LEGS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: The MTUS does not address hip x-rays. The Official Disability Guidelines (ODG) state that plain radiographs (x-rays) of the pelvis should routinely be obtained in patients sustaining a severe injury. X-rays are also valuable for identifying patients with a high risk of the development of hip osteoarthritis. MRI shows superior sensitivity in detecting hip and pelvic fractures over plain film radiography. The physician's report by [redacted] on 5/13/13 did not document physical examination of the hips. No history of severe hip injury was documented. No discussion of specific hip pathology and risk factors was presented. The physician's report does not support the medical necessity of x-ray of the hips. As such, the request is not medically necessary.