

Case Number:	CM13-0053698		
Date Assigned:	07/02/2014	Date of Injury:	04/26/2006
Decision Date:	08/19/2014	UR Denial Date:	11/11/2013
Priority:	Standard	Application Received:	11/18/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 injured worker is a 37-year-old male who reported an injury on 04/26/2006; reportedly fell off a van while unloading which resulted in a strain to the lower back. The injured worker's treatment history included medications and x-ray. The injured worker was evaluated on 07/30/2013 and it was documented that the injured worker had left leg pain. Objective findings revealed injured worker was able to sit comfortably, posture upright, and gait was stable. There was tenderness at the SI joint. On 10/16/2013, the injured worker had undergone x-rays of the pelvis that demonstrated the sacrum in cross-section. There was some mild spurring noted of the sacroiliac joints. The outlet view again demonstrated some mild spurring of the sacroiliac joints. Oblique views demonstrated some sclerosis around the left and right sacroiliac joints. The medications included Fentanyl 75 mcg, Norco 10/325 mg, Voltaren gel 10%, Soma, 350 mg, and Alprazolam 1 mg. Diagnoses included FBSS, SI joint pain. The Request for Authorization dated 06/15/2013 was for a CT scan of both sacroiliac joints; however, the rationale was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT Scan of Both Sacroiliac Joints: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability

Guidelines (ODG) Low Back, Lumbar & Thoracic, CT & CT Myelography (Computed Tomography).

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 (Acute & Chronic), CT (Computed Tomography).

Decision rationale: The Official Disability Guidelines state that CT scans are recommended to reveal more subchondral fractures in osteonecrosis of the femoral head than unenhanced radiography or MR imaging. CT provides excellent visualization of bone and is used to further evaluate bony masses and suspected fractures not clearly identified on radiographic window evaluation. Instrument scatter-reduction software provides better resolution when metallic artifact is of concern. Based on a few, very small studies, CT may not be accurate enough for an occult hip fracture, but it is rapidly obtained and may be reasonable to use in some situations, such as high-energy trauma. Computed tomography is readily accessible in the ED and is a chief method of evaluating the multiply injured trauma patient. Addition of the third dimension with CT can often define a fracture when it is not seen on X-ray study. However, there is scarce evidence to support the use of CT for occult hip fracture evaluation. The few studies available are small and statistically insignificant. A more extensive review beyond isolated findings and case reports is needed to ascertain the specific role of CT in hip evaluation. Furthermore, the guidelines indications for imaging are as follows; sacral insufficiency fractures, suspected osteoid osteoma, subchondral fractures, and failure of closed reduction. The documentation submitted indicated the injured worker had undergone an X-ray on 10/16/2013 of the pelvis revealed mild spurring noted of the sacroiliac joints. The documentation submitted failed to indicate physical therapy, pain medication and home exercise regimen outcome measurements for the injured worker. In addition, the provider lacked evidence indicating rationale on why a CT scan is requested for the injured worker. Given the above, the request for a CT scan of both sacroiliac joints is not medically necessary.