

Case Number:	CM13-0058386		
Date Assigned:	12/30/2013	Date of Injury:	04/20/2013
Decision Date:	05/07/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/26/2013

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 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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back and pelvic pain associated with an industrial injury sustained on April 20, 2013. Thus far, the applicant has been treated with analgesic medications, six sessions of chiropractic manipulative therapy, psychotropic medications, psychological counseling, and transfer of care to and from various providers in various specialties. The applicant is given prescriptions for Ultracet and topical compounds. The patient carries operating diagnoses of low back pain and SI joint pain. A September 30, 2013 mental health progress note is notable for comments that the applicant has issues with back pain, gluteal pain, and leg pain. The applicant has a Global Assessment of Functioning (GAF) of 60 secondary to depressive disorder, adjustment disorder, and anxiety disorder. The applicant is given prescriptions for anxiety, Desyrel, biofeedback, and group therapy. Also reviewed is a progress note dated October 21, 2013, notable for comments that the applicant has a possible pelvic fracture. CT scanning is endorsed to clarify. X-rays of the sacrum and coccyx dated June 11, 2013 are notable for comments that the applicant may have linear lucency about the inferior pubic ramus which is most likely secondary to overlying soft tissues. A non-displaced fracture cannot be clearly excluded.

IMR ISSUES, DECISIONS AND RATIONALES

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

A CT SCAN OF THE PELVIS: 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 American College of Radiology criteria.

Decision rationale: The MTUS does not address the topic, therefore alternate guidelines were used. While the American College of Radiology (ACR) notes that indications for CT scanning of the pelvis can include evaluation of abdominal pain, pelvic pain, suspected masses, and/or evaluation of abdominal or pelvic trauma, in this case, the attending provider has not provided any compelling rationale for the test in question. It is not clearly stated whether the applicant's pain is localizable to the lumbar spine, the sacrum, the coccyx, or the pelvis. The radiologist who interpreted the plain films of the sacrum and coccyx stated that the linear lucency noted on the same likely represented an imaging artifact. While CT scanning of the pelvis could be endorsed if there was clear evidence of pain localizable to pelvis, clear indication that the applicant in fact had residual pelvic symptoms, and/or if there was some indication that the applicant was intent on pursuing a surgical remedy for a possible pelvic fracture, in this case, none of the aforementioned clinical indications for pursuit of CT scanning of the pelvis have been met. It is not stated why is the test in question is needed, how the CT scan in question would influence the treatment plan, etc. The bulk of the applicant's pathology is seemingly localizable to lumbar spine, based on information on file. CT scanning of pelvis is not indicated to further evaluate the same. Therefore, the requested CT is not medically necessary or appropriate.