

<b>Case Number:</b>	CM13-0059083		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	06/06/2006
<b>Decision Date:</b>	05/02/2014	<b>UR Denial Date:</b>	10/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/29/2013

### 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 Neuromusculoskeletal Medicine, and is licensed to practice in Arizona. 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 a 58-year-old female who sustained a work-related injury to the right knee and lumbar region on 6/6/06. On the progress report dated 10/16/13, the patient reports that the pain in her left glute has decreased, due to recent stretches. However, right sided glute pain continues to increase. She denies any new injury, and states the pain is so bad it is hard to walk. Objective findings upon exam show no scoliosis, asymmetry or abnormal curvature of the lumbar spine. Range of motion is restricted with flexion and extension, and right/left lateral bending and left/right lateral rotation is limited. Tenderness to palpation is noted on both sides of the paravertebral muscles. Lumbar facet loading is positive on the right side. Internal rotation of the femur resulted in deep buttocks pain. There is tenderness over the right piriformis. Part of the Final Determination Letter for IMR Case Number CM13-0059083 3 treating physician's plan is to order a bilateral hip x-rays series to rule out any degenerative causes and bony pathology.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **BILATERAL HIP X-RAYS SERIES SERIES, QUANTITY 2: 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)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACR.org

**Decision rationale:** Hip radiographs are indicated for many reasons, not limited to trauma, pain, instability, impingement, metabolic disease, nutritional deficiencies, and skeletal changes from systemic disease. The patient's complaint is lumbar pain with noted reduction in lumbar range of motion. The radiograph request is for a bilateral hip series. This does not correlate with the patient's physical complaint, or with the documented physical exam findings, aside from the piriformis pain. The evaluation of piriformis syndrome, which the physical findings elude, does not involve the use of plain radiography. As such, the request is noncertified.