

<b>Case Number:</b>	CM14-0128096		
<b>Date Assigned:</b>	08/15/2014	<b>Date of Injury:</b>	09/21/1998
<b>Decision Date:</b>	09/25/2014	<b>UR Denial Date:</b>	08/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/12/2014

### 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, has a subspecialty in Pain Management, 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:

This is a patient of the date of injury of September 21, 1998. A utilization review determination dated August 7, 2014 recommends noncertification for hip x-rays. A progress note dated August 6, 2014 identifies subjective complaints of lower back ache. The patient notes that his medications are working well. Objective examination findings identify restricted lumbar range of motion with tenderness and tight muscle bands noted on both sides. Motor testing and sensory testing appear normal. Diagnoses include postlaminectomy syndrome, lumbar radiculopathy, and lumbar/spinal degenerative disc disease. The treatment plan recommends continuing medication. A progress note dated July 8, 2014 identifies subjective complaints of low back pain radiating into both legs. The patient also reports left hip pain. The patient has lost 50 pounds and exercises with a treadmill and light weights. Physical examination findings identify restricted range of motion of the lumbar spine with spasm, tenderness, and tight muscle bands in both sides of the lumbar paraspinal muscles. The treatment plan recommends a left hip x-ray to include weight-bearing views.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**X-ray series of the left hip to include weight bearing views:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Hip & Pelvis (Acute & Chronic).

**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, X-Ray.

**Decision rationale:** Regarding the request for left hip x-ray, California MTUS does not contain criteria for hip radiographs. ODG states the plain film radiographs are valuable for identifying patients with a high risk for development of hip osteoarthritis or in patients sustaining a severe injury. Within the documentation available for review, there is no indication of a severe acute injury. Additionally, there are no physical examination findings related to the patient's hip, no identification that the patient has failed any conservative treatment for these complaints, and no statement indicating how the treatment plan would be affected based upon the outcome of the currently requested imaging study. In the absence of such documentation, the currently requested hip x-ray is not medically necessary.