

Case Number:	CM14-0073248		
Date Assigned:	09/10/2014	Date of Injury:	09/22/2012
Decision Date:	10/10/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	05/20/2014

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 General Preventive Medicine and is licensed to practice in Indiana. 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 employee is a 34 year old male with date of injury of 9/22/2012. A review of the medical records indicate that the patient is undergoing treatment for right hip pain, lumbago, and right sacroiliac joint pain. Subjective complaints include constant pain in the mid and lower back with radiation of the right hip and leg. Objective findings include decreased range of motion of right hip and pain upon palpation; normal MRI of the right hip. Treatment has included sacroiliac joint injections. The utilization review dated 5/15/2014 not medically necessary CT of right sacroiliac joint and CT of right pelvis.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT right Sacroiliac Joint: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hips and Pelvis (Acute and Chronic), CT (Computed Tomography)

Decision rationale: MTUS silent regarding MRI of hips. ODG states "Recommended as indicated below. Computed tomography (CT) reveals more subchondral fractures in

osteonecrosis of the femoral head than unenhanced radiography or MR imaging. (Stevens, 2003) 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. (Colorado, 2001) (Kalteis, 2006) (Wild, 2002) (Verhaegen, 1999) 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. (Cannon, 2009)Indications for imaging - Computed tomography: Sacral insufficiency fractures Suspected osteoid osteoma Subchondral fractures Failure of closed reduction "Medical documents do not indicate concerns for sacral insufficiency fracture, osteoma, subchondral fracture or failure of closed reduction. The treating physician does not document any conditions or concerns that meet ODG guidelines. As such, the request for CT of the sacroiliac joint is not medically necessary.

CT of the Right Pelvis: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability guideline

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hips and Pelvis (Acute and Chronic), CT (Computed Tomography)

Decision rationale: MTUS silent regarding MRI of hips. ODG states "Recommended as indicated below. Computed tomography (CT) reveals more subchondral fractures in osteonecrosis of the femoral head than unenhanced radiography or MR imaging. (Stevens, 2003) 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. (Colorado, 2001) (Kalteis, 2006) (Wild, 2002) (Verhaegen, 1999) 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. (Cannon, 2009)Indications for imaging - Computed tomography: Sacral insufficiency fractures Suspected osteoid osteoma Subchondral fractures Failure of closed reduction "Medical documents do not indicate concerns for sacral insufficiency fracture, osteoma, subchondral fracture or failure of closed reduction. The treating physician does not document any

conditions or concerns that meet ODG guidelines. As such, the request for CT of the right pelvis is not medically necessary.