MAXIMUS Federal Services

Case Number:	CM14-0086844		
Date Assigned:	07/23/2014	Date of Injury:	09/02/1997
Decision Date:	09/26/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	06/10/2014

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 Anesthesiology, has a subspecialty in Pain 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 injured worker is a 74 year old male who sustained an injury to his hip/pelvis on 09/02/97. The mechanism of injury was not documented. The progress report dated 06/19/14 reported that the injured worker continued to complain of low back pain that is the same. Left buttock ache and pain into calf awakens him at night. The injured worker would like to try the Cortisone injection into the left hip. Physical examination noted tenderness to palpation above the left sciatic notch and over the lateral thigh; mild and tender to palpation over the lumbar paraspinals bilaterally; lower extremity reflexes are absent in the bilateral lower extremities; right hip range of motion flexion 110 degrees, internal rotation 10 degrees, external rotation 20 degrees with no pain; left hip range of motion pain with external and internal rotation. The injured worker was diagnosed with degeneration of the lumbar intervertebral discs. Small gel ice pack was supplied. The injured worker was consulted under health plan for radiology to do Cortisone injection of the left hip. The injured worker is permanent and stationary.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-Ray of Pelvis AP, Qty: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Work Loss Data Institute (ODG) Guidelines-Hip and Pelvis (Acute & Chronic) updated 3/25/14 X-Ray.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and pelvis chapter, MRI (magnetic resonance imaging).

Decision rationale: The previous request was denied on the basis that the Official Disability Guidelines do not recommend x-rays of the pelvis for acute or severe injuries, but do not recommend x-ray of the pelvis/hip for chronic pain. There was no reported medical indication for an x-ray of the pelvis regarding the industrial injury, therefore, the request was not deemed as medically appropriate. There was no report of a new acute injury or exacerbation of previous symptoms. There was no mention that a surgical procedure was anticipated. There were no physical examination findings of decreased motor strength or increased sensory deficits. There were no additional significant red flags identified. There were no previous imaging studies provided for review. It was reported that the injured worker was recently certified for a short regimen of physical therapy; however, there were no physical therapy notes provided for review that indicate the amount of physical therapy visits the injured worker has completed to date or the injured worker's response to any previous conservative treatment. Given this, the request for an x-ray of the pelvis AP quantity x 1 is not indicated as medically necessary.

X-Ray of Hip Unilateral, Qty: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation X-Ray of Hip Unilateral, Qty: 1.00.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and pelvis chapter, MRI (magnetic resonance imaging).

Decision rationale: The previous request was denied on the basis that the Official Disability Guidelines do not recommend x-rays of the pelvis for acute or severe injuries, but do not recommend x-ray of the pelvis/hip for chronic pain. There was no reported medical indication for an x-ray of the pelvis regarding the industrial injury, therefore, the request was not deemed as medically appropriate. There was no report of a new acute injury or exacerbation of previous symptoms. There was no mention that a surgical procedure was anticipated. There were no physical examination findings of decreased motor strength or increased sensory deficits. There were no additional significant red flags identified. There were no previous imaging studies provided for review. It was reported that the injured worker was recently certified for a short regimen of physical therapy; however, there were no physical therapy notes provided for review that indicate the amount of physical therapy visits the injured worker has completed to date or the injured worker's response to any previous conservative treatment. Given this, the request for an x-ray of the x-ray of the hip unilateral quantity x 1 is not indicated as medically necessary.