

Case Number:	CM14-0108921		
Date Assigned:	08/01/2014	Date of Injury:	06/21/2013
Decision Date:	01/15/2015	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/14/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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 46 year old patient with date of injury of 06/21/2013. Medical records indicate the patient is undergoing treatment for right hip mild degenerative joint disease, bursitis of the right hip, lumbar disc herniation at L4-5 and L5-S1, facet arthropathy of lumbar spine and right sacroiliac joint dysfunction. Subjective complaints include low back pain, rated 6-7/10, that radiates to the right leg. Objective findings include paraspinal spasm, mildly decreased right hip range of motion, left sacroiliac joint tenderness without instability or pain, positive Faber and Fortin's tests and negative Trendelenberg test. Treatment has consisted of right hip steroid injection, acupuncture, medial branch block bilaterally L5-S1, chiropractic therapy and a home exercise program. Medications have included: Norco, Ketoprofen, LidoPro cream, Pamelor, Tylenol, Advil and Gabapentin. MRI of the right hip done on 09/05/2013 revealed bilateral hamstring tendinosis with partial tearing. MRI of the lumbar spine dated 08/02/2013 revealed straightening of the normal lumbar lordosis, which per documentation may have been due to muscle spasm or patient positioning, mild lumbar spondylosis at L4-5 and L5-S1 without evidence for spinal canal or neural foraminal stenosis. The utilization review determination was rendered on 07/01/2014 recommending non-certification of orthopedic follow up for right hip/pelvis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic follow up for right hip/pelvis: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Pain Chapter Office Visits

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-309.

Decision rationale: ACOEM states concerning low back complaints: "Assessing Red Flags and Indications for Immediate Referral Physical-examination evidence of severe neurologic compromise that correlates with the medical history and test results may indicate a need for immediate consultation. The examination may further reinforce or reduce suspicions of tumor, infection, fracture, or dislocation. A history of tumor, infection, abdominal aneurysm, or other related serious conditions, together with positive findings on examination, warrants further investigation or referral. A medical history that suggests pathology originating somewhere other than in the lumbosacral area may warrant examination of the knee, hip, abdomen, pelvis or other areas." The treating physician has not provided documentation to support medical necessity. There was no documentation of hip or pelvic pain or objective findings on physical exam. As such, the request for orthopedic follow up for right hip/pelvis is not medically necessary.