

<b>Case Number:</b>	CM14-0200157		
<b>Date Assigned:</b>	12/10/2014	<b>Date of Injury:</b>	02/01/2014
<b>Decision Date:</b>	01/27/2015	<b>UR Denial Date:</b>	11/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/01/2014

### 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 Occupational 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:

Injured worker (IW) sustained an industrial injury on 02/01/14 when he fell approximately 7-8 feet from a scaffold onto a carpeted concrete floor. Initial CT of the abdomen and pelvis identified multiple pelvic fractures with moderate left extraperitoneal hematoma with involvement of the left iliopsoas. He is s/p open reduction and internal fixation (ORIF) of left hip anterior column posterior hemitransverse acetabulum fracture on 02/04/14. 03/10/14 x-ray report noted no change in alignment of pelvic fractures compared to prior study. There was screw plate fixation of the left acetabular fracture and screw fixation of a left iliac wing fracture. Fracture lines remained visible and there were no hardware complications. Bilateral pars interarticularis defects were noted at L5 level. 07/25/14 office note documented complaints of mild lateral left hip and anterior thigh pain. IW used a cane for longer distances but was currently ambulating without a cane. On exam, sensation was normal in the anterior thigh. 5 views of the pelvis showed maintenance of reduction and position of implants. 11/11/14 office note documented complaints of left pelvic pain extending to the left lateral thigh, with pins & needles sensation. Pain of the left hip and left low back was worse with walking. Middle low back pain and stiffness was also reported. X-ray of the lumbar spine and left hip/pelvis MRI were requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**X-ray of the lumbar spine:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back- Lumbar and Thoracic (Acute and Chronic) Chapter, Radiography (X-rays)

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

**Decision rationale:** Concerning radiographs of lumbosacral spine, ACOEM Guidelines Table 12-8. Summary of Recommendations for Evaluating and Managing Low Back Complaints states: "Recommended: When red flags for fracture are present (C); When red flags for cancer or infection are present (C)" Due to documented back pain with lower extremity pain and neurological deficit, as well as evidence of pars defects per previous x-rays, the requested x-rays are reasonable and medically necessary.

**MRI of the left pelvic and hip:** Overturned

**Claims Administrator guideline:** The Claims Administrator 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)

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

**Decision rationale:** ODG states: "MRI is both highly sensitive and specific for the detection of many abnormalities involving the hip or surrounding soft tissues and should in general be the first imaging technique employed following plain films." Based upon history of pelvic fractures, persistent pelvic pain, and serial x-rays which were negative for hardware failure or other new abnormalities, the requested MRI study is reasonable and medically necessary.