

Case Number:	CM14-0200190		
Date Assigned:	12/10/2014	Date of Injury:	01/10/2011
Decision Date:	01/30/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic hip and low back pain reportedly associated with an industrial injury January 10, 2011. In a Utilization Review Report dated November 24, 2014, the claims administrator failed to approve request for CT imaging of the lumbar spine and right hip. The applicant apparently had a history of earlier total hip arthroplasty, it was suggested and was off of work, on total temporary disability. The claims administrator posited. The claims administrator referenced progress notes of April 9, 2014 and October 28, 2014, in its denial. Overall rationale was sparse. In an October 20, 2014 progress note, the applicant reported persistent complaints of low back and right hip pain. Paresthesias were evident. The applicant was described as "currently disabled." The applicant had received a spinal cord stimulator and earlier epidural steroid injection therapy, it was stated. The applicant had issues with cerebral palsy generating associated gait instability and a footdrop. Hypo-sensorium is noted about the right leg with 5/5 lower extremity strength also evident. The applicant exhibited diminished hip range of motion and reported quadriceps atrophy. The note was very difficult to follow and mingles historical complaints with current complaints. OxyContin and Xanax were renewed. CT imaging of the low back and hip were endorsed, along with her urine drug screen. The requesting provider was a pain management physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT scan of the lumbar without contrast: Upheld

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) Treatment Index, Current Edition (Web)Low Back Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 12, Table 12-7, scores CT imaging a 3/4 in its ability to identify and define suspected disk protrusions, cauda equina syndrome, and spinal stenosis, this recommendation is, however, qualified by commentary made in ACOEM Chapter 12, page 304, to the effect that imaging studies should be reserved for cases in which surgery is being considered or red flag diagnoses are being evaluated. In this case, however, it was not clearly stated what was suspected. It was not clearly stated what was sought. Rather, the attending provider's progress note suggested that the applicant had known, longstanding issues with chronic low back pain and known, longstanding issues with gait derangement secondary to cerebral palsy. There was no mention of how the proposed lumbar MRI was would influence or alter the treatment plan. There was no mention of the applicant's willingness to consider lumbar spine surgery based on the outcome of the procedure in question. The requesting provider was a pain management physician, not a spine surgeon or neurosurgeon, diminishing the likelihood of the applicant's considering spine surgery based on the outcome of the study in question. Therefore, the request is not medically necessary.

CT scan of the right hip: Upheld

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, Indications for imagining-Computed tomography

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Third Edition, Hip Chapter, CT Imaging section.

Decision rationale: The MTUS does not address the topic. While the Third Edition ACOEM Guidelines do acknowledge that CT imaging of the hip is recommended for evaluating applicants with suspected traumatic dislocations or arthroplasty-associated recurrent dislocations, in this case, however, it was not clearly stated what was sought. It was not clearly stated what was suspected. While the applicant had a history of earlier total hip arthroplasty, the attending provider, a pain management physician, did not clearly state that he suspected the applicant was having arthroplasty-associated recurrent hip dislocations, for which CT imaging would be indicated to evaluate the rotational alignment of the indwelling total hip prosthesis, per ACOEM. It was not clearly stated what was sought, it was not clearly what was suspected. The requesting provider was, furthermore, a pain management physician/physiatrist, not an orthopedic hip surgeon, making it less likely that the applicant would act on the results in the study in question and/or consider surgical intervention based on the outcome of the same. Therefore, the proposed CT scan of the right hip without contrast is not medically necessary.

