

Case Number:	CM14-0202186		
Date Assigned:	12/12/2014	Date of Injury:	09/07/1999
Decision Date:	01/29/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/03/2014

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 Internal 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 (IW) is a 45-year-old woman with a date of injury of September 7, 1999. The mechanism of injury occurred when the IW was moving a pallet full of boxes. She experienced a popping sensation in the back while pulling garments on her knees during inventory. The injured worker's working diagnoses are chronic multifactorial cervical, thoracic, and lower back since September 7, 1999; mild disc desiccation at C3-C4, in addition to a minimal bulge at C4-C5 with no appreciable canal narrowing, otherwise unremarkable; and other comorbid health issues include weight gain. Pursuant to the pain management consultation dated October 2, 2014, the IW denies any pain through the thoracic region of the spine. The low back pain is predominantly left-sided, radiating into the left gluteal region with a deep, sharp stabbing like quality and continuing through the posterolateral aspect of the left leg to the foot. The IW has tried TENS, which has helped, acupuncture, chiropractic treatment, heat/cold therapy and traction. Examination of the low back reveals limited range of motion with bilateral flexion and extension not greater than 68 degrees beyond neutral position. There was tenderness over the bilateral sacroiliac sulci and sciatic notches. She was non-tender through the bilateral hips as well as through the lateral cutaneous femoral, ilioinguinal and genitofemoral nerve distributions. The provider is recommending a CT scan of the pelvis due to tenderness, particularly through the sacroiliac sulci and sciatic notches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pelvic CT scan: 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 & Pelvis, CT

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pelvis Section, CT Scan

Decision rationale: Pursuant to the Official Disability Guidelines, pelvic CAT scan is not medically necessary. CT provides excellent visualization of bone and is used to further evaluate bony masses and suspected fractures not clearly identified on the radiographic window evaluation. The indications for CT imaging are enumerated in the Official Disability Guidelines. The indications for CAT scan imaging of the pelvis are sacral insufficiency fractures; suspected osteoid osteoma; subchondral fractures; and failure of closed reduction. In this case, the injured worker's working diagnoses are chronic multifactorial cervical, thoracic and lower back pain since September 7, 1999 (DOI); C3 - C4 disk desiccation, mild, in addition to minimal bolt at C4 - C5 with no appreciable canal narrowing; and other comorbid health issues including weight gain. The injured worker was under the care of a chiropractor during the course of treatment. The chiropractic progress notes/documentation is not contain evidence of a comprehensive pelvic examination (musculoskeletal) and no documentation of prior imaging over a 15 year period that required additional diagnostic imaging. The injured worker has received chiropractic treatment, TENS unit, acupuncture, heat/cold therapy, and traction. The injured worker was referred to a pain consultant on October 2, 2014. The indications for CAT scan imaging of the pelvis are sacral insufficiency fractures; suspected osteoid osteoma; subchondral fractures; and failure of closed reduction. The medical record does not contain any evidence reflecting an indication for CAT scan of the pelvis. Consequently, absent the appropriate clinical indications/ rationale for CT pelvis, extensive conservative treatment the affected area to date, and no documentation of prior imaging (pelvis) over a 15 year period that required additional diagnostic imaging, pelvic CAT scan is not medically necessary.