

<b>Case Number:</b>	CM15-0100784		
<b>Date Assigned:</b>	06/03/2015	<b>Date of Injury:</b>	06/19/2001
<b>Decision Date:</b>	07/09/2015	<b>UR Denial Date:</b>	05/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/26/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 73-year-old male, with a reported date of injury of 06/19/2001. The diagnoses include post-lumbar laminectomy syndrome, lumbar radiculopathy, lumbar/lumbosacral disc degeneration, lumbar disc disorder, and chronic back pain. Treatments to date have included oral medications, transforaminal lumbar epidural steroid injections, an MRI of the lumbar spine on 08/29/2005, which showed multilevel disc degeneration and disc protrusion, electrodiagnostic studies, and lumbar spine surgery on 12/20/2011. The medical report dated 04/27/2015 indicates that the injured worker complained of neck pain and low back pain. He rated the pain 8 out of 10 with medications. It was noted that his activity level had decreased. The objective findings include an antalgic gait, loss of normal lumbar lordosis with straightening of the lumbar spine, restricted lumbar spine range of motion with pain, spasm, tenderness and tight muscle band on palpation of both lumbar paravertebral muscles, negative bilateral lumbar facet loading, tenderness over the posterior iliac spine on the right side sacroiliac spine, trigger point with radiating pain and twitch response on palpation at the left paraspinal muscles on the right and left, and tenderness over the right groin. It was noted that the injured worker reported pain in the right groin for several weeks, and stated that he has had been limping due to the pain. The treating physician requested x-ray series of the right hip.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Unknown X-Ray series of the right 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, Hip & Pelvis (Acute & Chronic) x-ray 2014.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Hip and Pelvis - X-rays.

**Decision rationale:** MTUS Guidelines do not address this specific issue. ODG Guidelines address this issue and support x-rays if there is a reasonable suspicion of fracture or arthritis. This individual's age and subjective complaints of groin pain associated with limping is cause for medically reasonable suspicion of hip osteoarthritis. Under these circumstances, the request for x-rays of the right hip are supported by Guidelines and are medically necessary.