

<b>Case Number:</b>	CM15-0134942		
<b>Date Assigned:</b>	07/23/2015	<b>Date of Injury:</b>	05/27/2014
<b>Decision Date:</b>	09/24/2015	<b>UR Denial Date:</b>	06/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/13/2015

### 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: Arizona, California

Certification(s)/Specialty: Family Practice

### 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 45 year old male who sustained an industrial injury on 5-27-14. He had complaints of groin pain. Treatments include: medication, physical therapy, nerve block and injections. Progress report dated 5-14-15 reports constant left groin pain rated 5 out of 10 at rest. The pain increases to 6 out of 10 with bending, turning and twisting. He has intermittent stabbing pain that lasts a few moments. Diagnoses include: left groin sprain and gastritis. Plan of care includes: continue medications as prescribed on previous visit Vicodin 5-325 mg every evening as directed, start previously prescribed gabapentin 3 times per day, apply ice pack over a towel to affected area 3-4 times per day for 20-25 minutes. Work status: return to work on 5-14-15 with limitations of no lifting, pushing or pulling over 35 pounds. Follow up on 6-4-15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CT scan of pelvis w/o contrast:** 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).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip chapter and pg 13.

**Decision rationale:** According to the guidelines, CT of the hip/pelvis is indicated for the following: Sacral insufficiency fractures. Suspected osteoid osteoma. Subchondral fractures. Failure of closed reduction. In this case, the claimant had groin pain for over a year. A prior CT scan in 2014 of the pelvis was normal. There were no new injuries. The request for another CT is not medically necessary.