

Case Number:	CM15-0185520		
Date Assigned:	09/25/2015	Date of Injury:	06/13/2013
Decision Date:	11/02/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/21/2015

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 49-year-old female who sustained an industrial injury on 6-13-13. The injured worker reported discomfort in the back and right hip. A review of the medical records indicates that the injured worker is undergoing treatments for chronic lumbosacral strain and chronic right hip strain. Medical records dated 8-18-15 indicate pain rated at 9 out of 10. Provider documentation dated 8-18-15 noted the work status as permanent and stationary. Treatment has included lumbar spine magnetic resonance imaging, right hip magnetic resonance imaging, and injection therapy. Objective findings dated 8-18-15 were notable for lumbar spine with decreased range of motion in the trunk and paralumbar muscle guarding, right hip tenderness. The original utilization review (8-28-15) denied a request for X-Ray of the right hip and X-Ray of the L4-L5 spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-Ray 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, Hip & Pelvis, Online Version, X-Ray.

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 36.

Decision rationale: According to the guidelines, hip x-rays are recommended in those with injury or suspected arthritis. In this case, the claimant's injury is remote. The claimant had an unremarkable MRI of the hip in 2014. The request for a hip x-ray is not medically necessary.

X-Ray of the L4-L5 Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Summary.

Decision rationale: According to the guidelines, X-rays of the spine are recommended in cases of red flags, fracture, infection or cancer suspicion. In this case, the claimant's injury was remote. The claimant had an unremarkable MRI in 2014. There were no red flag concerns. The request for lumbar X-rays is not medically necessary.