

Case Number:	CM15-0194148		
Date Assigned:	10/08/2015	Date of Injury:	01/22/1999
Decision Date:	11/18/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/02/2015

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: New Jersey

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 46 year old female who sustained an industrial injury January 22, 1999. Past history included L5-S1 pedicle screw implantation 2000, L5-S1 pedicle screw removal 2009, SCS (spinal cord stimulator) (battery replacement April 2015). Diagnoses are lumbar degenerative disc disease; right hip pain. According to a treating physician's handwritten progress notes dated September 1, 2015, the injured worker presented with complaints of severe pain in the right shoulder, neck area radiating to the right hip and low back pain, rated 8 out of 10, radiating to the right side of L5 with numbness and weakness. The injured worker reported her spinal cord stimulator is not controlling the pain and wants to have it removed as it is not working. She also reported recently falling at home due to right leg giving way. Objective findings included; tenderness to the low back and right leg; 5 out of 5 left extremity and 4+ out of 5 right extremity. Current medication included Lansoprazole, Lyrica, and Baclofen. Some handwritten notes are difficult to decipher. Treatment plan included to contact Medtronic for SCS reprogramming and at issue, a request for authorization dated September 17, 2015, for a CT of the right hip. According to utilization review dated September 25, 2015, the request for (1) CT of the right hip as an outpatient is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT of the right hip X 1, outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip & Pelvis (Acute & Chronic).

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

Decision rationale: The MTUS does not address CT for the hip in detail. The ODG, however, states that computed tomography (CT) reveals more subchondral fractures in osteonecrosis of the femoral head than unenhanced radiography or MR imaging and provides excellent visualization of bone. CT is used to further evaluate bony masses and suspected fractures not clearly identified on radiographic window evaluation, however, there is scarce evidence to support the use of CT for occult hip fracture evaluation. Indications for CT of the hip include: Sacral insufficiency fractures, suspected osteoid osteoma, subchondral fractures, and failure of closed reduction. In the case of this worker, there was a request for a Ct of the right hip. However, there was no supportive evidence or detailed explanation found in the notes made available for review for this request. There was no record of x-ray of the pelvis or any medical history or physical findings suggestive of the diagnoses which might qualify for this imaging of the area. Therefore, this request for CT of the right hip will be considered medically unnecessary at this time.