

Case Number:	CM15-0199804		
Date Assigned:	10/15/2015	Date of Injury:	04/12/2004
Decision Date:	11/25/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	10/12/2015

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: North Carolina

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 55 year old female with a date of injury on 04-12-2014. The injured worker is undergoing treatment for displacement of intervertebral disc, without myelopathy, lumbosacral spondylosis without myelopathy, lumbosacral (joint-ligament) sprain, lumbosacral radiculitis, rule out L5-S1 disc protrusion, rule out sub trochanteric bursitis and plantar fasciitis. A physician progress note dated 08-19-2015 documents the injured worker fell while stepping out of the tub on 07-22-2015. She is having increased lower back pain and left hip pain with left leg weakness. There is no change with her plantar foot pain. She has diminished light touch in the left L5-S1. There is intact pinprick. There is allodynia on the left leg. She has a normal gait. She is having a flare-up of pain after a fall. Treatment to date has included diagnostic studies and medications. The treatment plan includes a lumbar Magnetic Resonance Imaging, discontinue Ultram due to GI upset, continue Amrix, Gabapentin, Tylenol #3, continue Icy Hot Patches, a prescription for a pelvic and left hip x ray, supervised aquatic therapy x 6 sessions, and longitudinal arch support-off the shelf arch support while awaiting podiatry consult, and a podiatry consult. The Request for Authorization dated 09-03-2015 includes pelvic and left hip X ray and supervised aquatic therapy x 6 sessions. On 09-16-2015 Utilization Review non-certified the request for x rays of the left hip.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-Rays of The Left 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 (ODG), Hip and Pelvis.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pelvis, imaging.

Decision rationale: The ACOEM and the California MTUS do not specifically address imaging of the hip or lower extremity. The ODG indicates imaging is warranted for osseous, articular or soft tissue abnormalities, osteonecrosis, occult and stress fracture, acute and chronic soft tissue injuries and tumors. In this case the provided documentation fails to show concern or objective finding consistent with any of the above mentioned diagnoses on the included physical exam for review. The patient does have an exacerbation of pain post fall but no physical findings on documented exam to warrant imaging. Therefore criteria for pelvic imaging has not been met per the ODG and the request are not medically necessary.