

<b>Case Number:</b>	CM15-0199937		
<b>Date Assigned:</b>	10/15/2015	<b>Date of Injury:</b>	10/22/2014
<b>Decision Date:</b>	11/25/2015	<b>UR Denial Date:</b>	09/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: 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:

This is a 65 year old female who sustained an industrial injury on 10-22-2014. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar sprain with contusion, cervical and lumbar degenerative disc disease and possible sacral fracture due to increasing pain with standing, walking and twisting. Per the progress report dated 6-5-2015, the injured worker complained of pain in her mid, upper and low back, lateral sacroiliac, right groin and both hips rated 3-10 out of 10. According to the progress report dated 8-31-2015, the injured worker had pain improvement from 8 out of 10 down to 2-3 out of 10 with physical therapy. Her current sitting tolerance was 20 minutes, standing 10 minutes and walking 25 minutes. The physical exam (8-31-2015) revealed tightness and tenderness in the upper back. There was midline tenderness in the low back, coccyx and sacrum. Gait was normal. Treatment has included physical therapy, acupuncture and medications. Current medications (8-31-2015) included Lamictal, Klonopin, Amlodipine Besylate and Oxycontin. The original Utilization Review (UR) (9-16-2015) denied a request for x-ray of the pelvis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**X-ray of the pelvis:** Overturned

**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:** Decision based on MTUS Low Back Complaints 2004, Section(s): Summary. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip chapter and pg 36.

**Decision rationale:** According to the guidelines, plain radiographs (X-Rays) of the pelvis should routinely be obtained in patients sustaining a severe injury. X-Rays are also valuable for identifying patients with a high risk of the development of hip osteoarthritis. In this case, the claimant has sacral/pelvic pain worsening with bending. There was concern for a possible fracture. As a result, the request for a pelvic x-ray is medically necessary and appropriate.