MAXIMUS Federal Services

Case Number:	CM15-0031528		
Date Assigned:	02/24/2015	Date of Injury:	06/22/2008
Decision Date:	12/24/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	02/19/2015

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: California, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 51 year old female, who sustained an industrial injury on 6-22-08. Medical records indicate that the injured worker is undergoing treatment for a lumbar sprain-strain, bilateral lower extremity radiculitis, lumbar disc protrusions, generalized anxiety and major depressive disorder. The injured worker is currently temporarily totally disabled. On (1-22-15) the injured worker complained of worsening low back pain and hip pain. The pain was described as constant, frequent, moderate, dull, sharp and achy. Examination of the lumbar spine revealed tenderness to palpation with slight spasm and muscle guarding over the paraspinal musculature. Range of motion was decreased. A straight leg raise test was positive bilaterally. Sensation was diminished in the bilateral lumbar four-lumbar five dermatome. A FABER's (flexion, abduction, and external rotation) test was positive on the left. Treatment and evaluation to date has included medications, psychological assessments, sleep study, a home exercise program and a right total hip replacement in 2014. Current medications include Norco, Anaprox and Prilosec. The Request for Authorization dated 1-22-15 included a request for x-rays of the bilateral hips. The Utilization Review documentation dated 2-9-15 non-certified the request for x-rays of the bilateral hips.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-Rays of the bilateral hips (left and 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 (ODG) Hip & Pelvis (Acute & Chronic) Procedure Summary 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 and pelvis section, Radiographs.

Decision rationale: Pursuant to the Official Disability Guidelines, x-rays of the bilateral hips (left and right hip) is not medically necessary. Plain radiographs of the pelvis should be routinely obtained in patients sustaining a severe injury. X-rays are valuable in identifying patients with a high risk of development of hip osteoarthritis. In this case, the injured worker's working diagnoses are lumbar spine musculoligamentous sprain strain with bilateral lower extremity radiculitis with multileveled disc like protrusions; status post right total hip replacement October 6, 2014; left hip sprain/bursitis; bilateral hips are an amended claim and not currently part of the stipulation and award. Date of injury is June 22, 2008. Request for authorization is January 22, 2015. According to the January 22, 2015 progress note, subjective complaints are low back pain that radiates to the hips. The injured worker underwent right total hip arthroplasty October 6, 2014. Objectively, there is tenderness to palpation with spasm and guarding in the lumbar paraspinals. Hip exam shows tenderness overlying the greater trochanter, anterior joint and gluteal musculature. Range of motion is decreased. There is no documentation of the last set of x-rays post-total hip replacement. There is no documentation indicating how radiographs of the hip will change, alter or affect the treatment plan. The total hip replacement involves the right hip. There is no specific documentation of left hip trauma or severe osteoarthritis. Based on the clinical information in the medical record and peer-reviewed evidence-based guidelines, x-rays of the bilateral hips (left and right hip) are not medically necessary.