

Case Number:	CM15-0037085		
Date Assigned:	03/05/2015	Date of Injury:	04/17/2011
Decision Date:	04/13/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/27/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 reported an injury on 04/17/2011. The mechanism of injury was not specifically stated. The injured worker is currently diagnosed with low back pain, rule out degenerative joint disease. On 01/22/2015, the injured worker presented for a follow-up evaluation. It was noted that the injured worker was utilizing gabapentin 600 mg, cyclobenzaprine, and naproxen. The injured worker had been previously treated with 6 sessions of chiropractic therapy. It was also noted that the injured worker utilized a home TENS device. Upon examination, there was severe guarding with painful range of motion, limited range of motion of the cervical spine and bilateral shoulders, limited range of motion of the lumbar spine and the bilateral hips, 1+ Achilles reflexes, resisted strength testing in the lower extremity, and guarding of the lower extremity. Recommendations at that time included continuation of the current medication regimen as well as an x-ray of the bilateral pelvis and hips to rule out degenerative joint disease. A Request for Authorization form was then submitted on 01/22/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 X-Ray of bilateral pelvis and hips: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, 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 & Pelvis Chapter, X-Ray.

Decision rationale: The Official Disability Guidelines recommend plain radiographs of the pelvis in patients sustaining a severe injury. X-rays are also valuable for identifying patients with a high risk for the development of hip osteoarthritis. In this case, the injured worker does not appear to meet criteria for the requested imaging. There was no documentation of a significant musculoskeletal deficit with regard to the bilateral hips and pelvis. There was no indication that this injured worker is at high risk for hip osteoarthritis. There was also no mention of a serious injury sustained to the hip/pelvis region. Given the above, the medical necessity has not been established in this case. As such, the request is not medically appropriate at this time.