

<b>Case Number:</b>	CM15-0041339		
<b>Date Assigned:</b>	03/11/2015	<b>Date of Injury:</b>	06/16/1997
<b>Decision Date:</b>	04/16/2015	<b>UR Denial Date:</b>	02/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/04/2015

### 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 York, West Virginia, Pennsylvania  
 Certification(s)/Specialty: Emergency 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 64 year old male, who sustained an industrial injury on 6/16/1997. He was diagnosed as having chronic pain syndrome, lumbar radiculopathy and osteoarthritis. Treatment to date has included a permanent spinal cord stimulator, medications, diagnostics and modified work. A computed tomography (CT) scan of the right hip dated 8/15/2014 revealed findings suggestive of avascular necrosis of the right femoral head. Per the most recent Primary Treating Physician's Progress Report dated 12/16/2014, the injured worker reported pain in the lower back, right hip, right leg, bilateral arms and right shoulder. Pain is rated as 10/10 without medication and 5/10 with medications. The current pain level is 8/10. Physical examination revealed moderate palpable spasms bilateral lumbar musculature with positive twitch response, severely decreased range of motion of the right hip due to pain, positive right hip provocative maneuvers and positive tenderness to palpation of the right greater trochanter. The plan of care included pain medication, LSO brace, pain management follow up, a bone density scan and follow up care. Authorization was requested for repeat computed tomography (CT) scan of the right hip on 2/10/2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Repeat CT Scan of the 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, Hip & Pelvis (Acute & Chronic), Indications for imaging CT (computed tomography).

**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.

**Decision rationale:** Guidelines recommend CTs for hip pain when there are sacral insufficiency fractures, suspected osteoid osteoma, subchondral fractures and failure of closed reduction. In this case, the patient did not have any of these conditions. Thus, the request for repeat CT hip is not medically appropriate and necessary.