

Case Number:	CM15-0043840		
Date Assigned:	03/13/2015	Date of Injury:	02/02/1993
Decision Date:	04/23/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/09/2015

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 60 year old male, who sustained an industrial injury on 02/02/1993. He has reported pain in the bilateral hips, back, and bilateral lower extremities. The diagnoses have included low back pain; pain in bilateral hips and lower legs with some radiation; and status post right total hip replacement with big femoral head, metal-metal. Treatment to date has included medications, physical therapy, and surgical intervention. A progress note from the treating physician, dated 02/26/2015, documented an evaluation with the injured worker. Currently, the injured worker complains of bilateral hip pain; lower back pain that radiates down into both lower extremities; numbness and tingling of the left leg; stiffness; and decreased function and activity level. Objective findings included walking with some unsteadiness; pain and stiffness of the lower extremities; and decreased range of motion. The treatment plan has included imaging studies and lab studies. Request is being made for Right hip x-rays (three views); Serum ION blood test (2 tests); and Follow-up visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right hip x-rays (three views): 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines hip and pelvic chapter, radiographs.

Decision rationale: According to the 02/26/2014 reports, this patient presents with a 6-7/10 low back and hip pain. The current request is for Right hip x-rays (three views) but the treating physician's report and request for authorization containing the request is not included in the file. The most recent progress report is dated 02/26/2014 and the utilization review letter in question is from 02/24/2015. The patient's work status was not mentioned in the file for review. The Utilization Review denial letter states "There is no current documentation and recent examination findings. The medical necessity of this request is not established." Regarding X-ray of the hip, MTUS/ACOEM does not discuss hip radiographs. ODG guidelines were consulted. ODG-TWC guidelines, Hip and Pelvis chapter online for X-rays states: Plain radiographs (X-Rays) of the pelvis should routinely be obtained in patients sustaining a severe injury. In reviewing of the provided reports, there is no evidence of prior X-ray of the right hip. There are no specific concerns for fracture, trauma, suspicion of cancer, and infection to consider an X-ray. However, the patient does had a history of "a right hemi to a total hip replacement" and now experiencing pain that is rated as 6-7/10; therefore, the requested X-ray of the hip IS medically necessary.

Serum ION blood test (2 tests): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://labtestsonline.org/understanding/analytes/serum-iron/tab/testlabtestsonline.org>.

Decision rationale: According to the 02/26/2014 reports, this patient presents with a 6-7/10 low back and hip pain. The current request is for Serum ION blood test (2 tests). Regarding Serum ION blood test, MTUS/ACOEM and ODG guidelines does not discuss Serum ION blood test, so labtestsonline.org was referenced. Serum ION blood test is used "to detect and help diagnose iron deficiency or iron overload. In people with anemia, these tests can help determine whether the condition is due to iron deficiency or another cause, such as chronic blood loss or some other illness. Iron tests are also ordered if a doctor suspects that a person has iron poisoning and to screen for hereditary hemochromatosis, an inherited condition associated with excessive iron storage. Serum iron tests are typically ordered as follow-up tests when abnormal results are found on routine tests such as a CBC, with decreased hemoglobin and hematocrit levels." In reviewing of the provided reports, the Utilization Review denial letter states "the provider recommends a serum ion test to rule out problems with ion. However, the submitted report is from a year ago. There is no current medical record to present the current clinical status that would support the medical necessity of the blood tests." In this case, the treating physician does

not document that there is a suspicion of iron deficiency or iron overload in the patient or the patient is anemic to recommend the Serum ION blood test. Therefore, the request IS NOT medically necessary.

Follow-up visit: 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).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain outcome and endpoints Page(s): 8-9.

Decision rationale: According to the 02/26/2014 reports, this patient presents with a 6-7/10 low back and hip pain. The current request is for Follow-up visit. Regarding follow-up visit, MTUS guidelines page 8 states that the treating physician must monitor the patient and provide appropriate treatment recommendations. The treater should be allowed to have an office visit so that he can treat the patient and make appropriate treatment recommendations. The request IS medically necessary.