MAXIMUS Federal Services

Case Number:	CM15-0086419		
Date Assigned:	05/08/2015	Date of Injury:	10/14/2013
Decision Date:	06/19/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/05/2015

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: Iowa, Illinois, Hawaii
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 44 year old male, who sustained an industrial injury on 10/14/13. He reported initial complaints of lower back. The injured worker was diagnosed as having lumbar disc syndrome; radiculitis neuralgia; lumbar sprain/strain; segmental dysfunction lumbar spine; stress. Treatment to date has included physical therapy; chiropractic therapy; lumbar epidural steroid injection right L5-S1; medication. Diagnostics included EMG/NCV lower extremities (4/6/15). Currently, the PR-2 notes dated 4/20/15 indicated the injured worker is in the office for a low-up visit. He complains of back pain on the right side and back around his right hip anterior groin region. Standing and walking is making his pain worse along with bending and lifting. He is currently working a lighter job and a different employer than the injury. He has had 4 or 5 physical therapy sessions; uses naproxen 550mg twice a day and effective. He is using Protonix. His physical examination of the lumbar spine notes deep tendon reflexes are symmetrical bilaterally to the patella and Achilles and no clonus sign bilaterally. Sensation is intact to light touch and pinprick bilaterally to the lower extremities. His straight leg raise is positive on the right. The provider remarks he has not received medical records for this injured worker and are waiting on the MRI lumbar spine with all of his other records. The QME dated 2/5/15 requested right hip x-rays and sacroiliac joint along with physical therapy and an orthopedic consult. He is requesting the x-rays but wishes to hold off on the consult and physical therapy until he receives records. An EMG/NCV lower extremity (4/6/15) was an abnormal study and included in this file. The request is for X-rays of the right hip.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-rays of the right hip: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip, X-ray.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 295-303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip & Pelvis, X-Ray.

Decision rationale: ACOEM states "A history of tumor, infection, abdominal aneurysm, or other related serious conditions, together with positive findings on examination, warrants further investigation or referral. A medical history that suggests pathology originating somewhere other than in the lumbosacral area may warrant examination of the knee, hip, abdomen, pelvis or other areas." ODG states "Recommended. Plain radiographs (X-Rays) of the pelvis should routinely be obtained in patients sustaining a severe injury. (Mullis, 2006) X-Rays are also valuable for identifying patients with a high risk of the development of hip osteoarthritis." The treating physician provided no evidence of red flag diagnosis, re-injury, or a new severe injury. In addition, the treating physician did not provided detailed exam findings of the Pelvis and hip. As such, the request for X-rays of the right hip is not medically necessary.