

Case Number:	CM14-0172348		
Date Assigned:	10/23/2014	Date of Injury:	07/17/2014
Decision Date:	11/25/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	10/17/2014

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. The expert reviewer is Board Certified in American Board of Family Practice and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

45-years old male claimant sustained a work injury on 7/17/14 involving the low back. An MRI of the lumbar spine on 7/29/14 indicated the claimant had no acute fracture or mal-ligament. He had received a lumbar epidural steroid injection for pain on 9/9/14. He had persistent low back pain and reduced range motion of the lumbar spine and pain in the sacroiliac region. An x-ray of the hips and pelvis was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

One X-ray of the bilateral hips with pelvis: 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/ 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 x-ray

Decision rationale: According to the guidelines, plain radiographs (X-Rays) of the pelvis should routinely be obtained in patients sustaining a severe injury. In this case, there was no recent

injury. An MRI was performed the month prior. There was no indication (such as new injury) for a hip x-ray and it is not medically necessary.