

<b>Case Number:</b>	CM14-0181085		
<b>Date Assigned:</b>	11/05/2014	<b>Date of Injury:</b>	09/30/2013
<b>Decision Date:</b>	12/12/2014	<b>UR Denial Date:</b>	10/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/31/2014

### 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 Occupational Medicine 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:

The applicant is a represented [REDACTED] employee, who has filed a claim for chronic low back, neck, hip pain reportedly associated with an industrial injury of September 30, 2012. In a Utilization Review Report dated October 24, 2014, the claims administrator denied an initial visit for the hips, waist, pelvic organs, tail bone, and coccyx and also denied x-rays of the hip, waist, pelvic organ, tail bone, coccyx, and buttocks. The claims administrator invoked non-MTUS ODG Guidelines to deny the initial visit, despite the fact that the MTUS addressed the topic. The claims administrator suggested, in its UR report, that the applicant was alleging multifocal pain complaints secondary to cumulative trauma at work as opposed to a specific, discrete injury. In a progress note dated September 25, 2014, the applicant reported multifocal complaints of neck, shoulder, low back, bilateral knee, and bilateral foot pain. A pain management consultation to consider an epidural block, physical therapy, and unspecified medications were renewed. Work restrictions were endorsed. It was not clearly stated whether the applicant was working with said limitations in place. Electrodiagnostic testing of November 5, 2014 was interpreted as abnormal and suggestive (but not conclusive) for a possible L5-S1 lumbar radiculopathy. On August 28, 2014, the applicant again reported multifocal complaints of neck, bilateral shoulders, low back, bilateral knees, and bilateral foot pain. The attending provider suggested that the applicant was still pending unspecified diagnostic studies. Unspecified medications and unspecified work restrictions were renewed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Initial visit for hips, waist, pelvic organs, tailbone, coccyx and buttocks:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Introduction section Page(s): 1.

**Decision rationale:** Based on the attending provider's description of events on September 25, 2014, the request seemingly represents a pain management consultation. As noted on page 1 of the MTUS Chronic Pain Medical Treatment Guidelines, the presence of persistent complaints which prove recalcitrant to conservative management should lead the primary treating provider (PTP) to reconsider the operating diagnosis to determine whether a specialist evaluation is necessary. Here, the applicant has multifocal neck, shoulder, hip, low back, knee, and foot pain complaints, which have seemingly proven recalcitrant to time, medications, physical therapy, and other conservative measures. Obtaining added expertise of a pain management consultant via the 'initial visit' at issue is therefore indicated. Accordingly, the request is medically necessary.

**X-ray of the hips, waist, pelvic organs, tailbone, coccyx and buttocks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation, Low back procedure summary, last updated 08/22/2014

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Third Edition, Hip and Groin Chapter, Summary of Recommendations section

**Decision rationale:** The request represents request for x-ray studies of the hips, low back, and surrounding structures. However, the MTUS Guideline in ACOEM Chapter 12, table 12-8, page 309, notes that the routine use of radiographs of the lumbar spine, in the absence of red flag signs or symptoms is deemed "not recommended." Here, all evidence on file suggested that applicant is alleging multifocal pain complaints secondary to cumulative trauma at work. There was no mention of any red flag diagnosis or suspected diagnosis, such as fracture, tumor, cauda equina syndrome, etc., present here, which would compel x-rays of the lumbar spine/coccyx/buttock/tail bone. The MTUS does not address the topic of x-rays of the hip, waist, and/or pelvic organs. However, the Third Edition ACOEM Guidelines note that the evaluation of hip joint pain does require x-rays of the hips, pelvis and/or surrounding structures in some cases, but not in others, depending on diagnosis and presentation. Here, the attending provider did not furnish any compelling applicant specific rationale so as to augment the request for x-rays of the hip, waist, pelvis and/or surrounding structures. It appeared, as with the x-rays of the lumbar spine, tailbone, coccyx, etc., that the attending provider was intent on performing x-rays of multiple body parts for routine or evaluation purposes with no clear intent of acting on the results of the same. Therefore, the request is not medically necessary.

