

Case Number:	CM14-0111856		
Date Assigned:	09/16/2014	Date of Injury:	02/21/2013
Decision Date:	05/21/2015	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	07/17/2014

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. 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 59 year old male, who sustained an industrial injury on February 21, 2013. He reported a head injury with pain and loss of consciousness, and pain in the left eye, neck, bilateral shoulders, low back, left leg, liver, and right lung. CT and x-rays were performed. Initial treatment included hospitalization, off work, a cane, and medications. The injured worker was currently diagnosed as having pelvic fractures with subsequent lower extremity numbness. Diagnostics to date has included electrodiagnostic studies of the lower extremities. Treatment to date has included physical therapy and topical pain medication. On June 12, 2014, the injured worker complains of continuous lower back pain radiating to the right leg with numbness and tingling of the right leg and foot. When he stands for more than 10 minutes or sits for more than 2 minutes the pain increases. He has intermittent pain on the inside of his left thigh with difficulty standing and walking, difficulty going up and down stairs, increased pain with movement, and an uneven gait. He had had no pelvic complaints. The physical exam revealed a normal gait, tenderness and hypertonicity of the bilateral lumbar paraspinal muscles, negative bilateral clonus, normal deep tendon reflexes in the bilateral lumbar 4 nerve roots, normal sensation in the bilateral lumbar 4 nerve root distributions, normal sensation in the right lumbar 5 and sacral 1 nerve root distributions, decreased sensation in the left lumbar 5 and sacral 1 nerve root distributions. There was normal strength in the bilateral lumbar 4-sacral 1 muscle groups, and decreased strength in the left lumbar 4-5 muscles. The treatment plan includes a CT scan of pelvis.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT Scan of 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: Hip & Pelvis (Acute & Chronic), CT (computed tomography).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 309. Decision based on Non-MTUS Citation Official disability guidelines Hip and pelvis chapter, computed tomography.

Decision rationale: The patient presents with pain in the pelvis. The pain is increased when the patient stands for more than 10 minutes or sits for more than 2 minutes. The request is for a CT scan of pelvis. The provided RFA is dated 06/30/14 and the date of injury is 02/21/13. The patient is diagnosed with pelvic fractures with subsequent lower extremity numbness. Per 06/12/14 report, physical examination of the pelvis says "The patient has no pain at this time." Treater goes on to state, "The patient has intermittent pain on the inside of his left thigh with difficulty standing and walking, difficulty going up and down stairs, increased pain with movement, and an uneven gait." Treatment to date has included physical therapy and topical pain medication. Medications include Benicar, Wellbutrin and Aspirin. The patient is temporarily totally disabled. ACOEM Guidelines page 309 states under CT scan states, recommendation is made when cauda equina, tumor, infection, or fracture are strongly suspected and plain film radiographs are negative. ODG Guidelines under the hip and pelvis chapters has the following regarding computed tomography, "Indicated for sacral insufficiency fractures, suspected osteoma, subchondral fractures and failure of close reduction." Per 06/12/14 report, treater states, "The patient has a history of a pelvic fracture which has led to some neurological issues in the lower extremities. I do believe the patient is in need of a CT scan of his pelvis." In this case, the provided medical reports do not include physical exam findings of the pelvis nor any mention of the specific neurological issues of the lower extremities. At this time, neither the subjective complaints nor objective findings support the medical necessity of the CT. Additionally. The utilization review letter dated 07/09/14, states the patient has undergone a routine X-Ray of the hip and findings were not provided. There appears to be no new examination findings or new injury to warrant further investigation. Given the lack of guideline support for a CT scan at this juncture, the requested CT scan of the pelvis IS NOT medically necessary.