

Case Number:	CM15-0013460		
Date Assigned:	02/02/2015	Date of Injury:	06/02/2011
Decision Date:	03/24/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/23/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 (IW) is a 58 year old male, who sustained an industrial injury on June 2, 2011. He has reported left shoulder, back and right lower extremity pain and was diagnosed with left shoulder and bilateral knee strain, cervicothoracic disc bulge and lumbosacral disk rupture. Treatment to date has included radiographic imaging, diagnostic studies, physical therapy, steroid injections, conservative therapies, work modifications and pain medications. Currently, the IW complains of left shoulder, back and right lower extremity pain. The injured worker reported an industrial injury in 2011, resulting in chronic pain in the shoulder, back and lower extremity. He was treated with conservative therapies including physical therapy. He also received steroid injections and pain medications for pain. On December 19, 2014, evaluation revealed a subjective report of a 70% improvement following steroid injection. It was noted physical therapy failed to improve the overall condition. Further injections were recommended. On December 30, 2014, Utilization Review non-certified a request for x-ray of the pelvis, noting the MTUS, ACOEM Guidelines, (or ODG) was cited. On January 23, 2015, the injured worker submitted an application for IMR for review of requested pelvic x-ray.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-ray of the pelvis: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Hip and Pelvis.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM V.3 > Hip and Groin > Diagnostic Testing > X-Rays Recommendation: X-rays for Acute, Subacute, or Chronic Hip Pain, or Femoroacetabular Impingement or Dysplasia X-rays are recommended for evaluating acute, subacute, or chronic hip pain, or femoroacetabular impingement or dysplasia.

Decision rationale: No, the proposed x-ray of the pelvis is not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic. While the Third Edition ACOEM Guidelines note that x-rays of the hip and/or pelvis are recommended for evaluating acute, subacute, or chronic hip pain or femoral acetabular impingement or dysplasia, in this case, however, it was not clearly stated what was sought. It was not clearly stated what was suspected. The attending provider did not clearly state for what purpose the proposed x-rays of the pelvis were proposed. The fact that multiple imaging studies of multiple body parts, including low back, knees, etc, were concurrently sought imply that the attending provider was performing routine testing of multiple different body parts for evaluation purposes with no clearly formed intention of acting on the results of the same. The bulk of the documentation on file, furthermore, seemingly suggested that the applicant's primary pain generator was the low back and right knee. There was no mention of the applicant's having a history of hip pain or pelvic pain on the December 8, 2014 progress note at issue. Therefore, the request was not medically necessary.