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| Case Number: | CM15-0016285 | | |
| Date Assigned: | 02/04/2015 | Date of Injury: | 12/18/2013 |
| Decision Date: | 03/24/2015 | UR Denial Date: | 01/28/2015 |
| Priority: | Standard | Application Received: | 01/28/2015 |

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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 female who sustained an industrial injury on 12/18/2013. The current diagnoses include low back pain with facet arthropathy and tailbone pain, coccydynia. Treatments to date include medication management, injections, acupuncture, activity modification, home exercise program, and physical therapy. Report dated 01/09/2015 noted that the injured worker presented with complaints that included low back pain mostly on the right side. Physical examination revealed abnormal findings. The utilization review performed on 01/28/2015 non-certified a prescription for x-ray of the pelvis and CT of the right hip, based on the clinical information submitted medical necessity was not supported. The reviewer referenced the Official Disability Guidelines in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-ray pelvis: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Hip & Pelvis Procedure Summary

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 295-303. Decision based on Non-MTUS Citation 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. Physical exam demonstrated bilateral SI joint tenderness and a + Farber test. She has had an MRI of the lumbar spine which although not specific to the pelvis did not reveal any pelvic abnormality. There have been no new injuries in the interim. As such, the request for X-ray of the pelvis is not medically necessary.

CT right hip: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Hip & Pelvis Procedure Summary

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.
Decision based on Non-MTUS Citation Hip and pelvis, CT (computed tomography)

Decision rationale: The MTUS is silent on CT of the hip. The ODG states that it is, "Recommended as indicated below. Computed tomography (CT) reveals more subchondral fractures in osteonecrosis of the femoral head than unenhanced radiography or MR imaging. CT provides excellent visualization of bone and is used to further evaluate bony masses and suspected fractures not clearly identified on radiographic window evaluation. Instrument scatter-reduction software provides better resolution when metallic artifact is of concern. Based on a few, very small studies, CT may not be accurate enough for an occult hip fracture, but it is rapidly obtained and may be reasonable to use in some situations, such as high-energy trauma. Computed tomography is readily accessible in the ED and is a chief method of evaluating the multiply injured trauma patient. Addition of the third dimension with CT can often define a fracture when it is not seen on X-ray study. However, there is scarce evidence to support the use of CT for occult hip fracture evaluation. The few studies available are small and statistically insignificant. A more extensive review beyond isolated findings and case reports is needed to ascertain the specific role of CT in hip evaluation." Per the ODG the indications for CT of this hip include: Sacral insufficiency fractures Suspected osteoid osteoma Subchondral fractures - + Failure of closed reduction In this case, the medical records fail to demonstrate one of the clinical indications mentioned above. As such, the request for CT right hip is not medically necessary.