

<b>Case Number:</b>	CM15-0018781		
<b>Date Assigned:</b>	02/06/2015	<b>Date of Injury:</b>	06/27/2012
<b>Decision Date:</b>	03/31/2015	<b>UR Denial Date:</b>	01/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/02/2015

### 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: 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:

This 56-year-old female sustained a work related injury on 06/27/2012. According to a progress report dated 01/13/2015, the injured worker had a flare up of neck pain, shoulder pain, whole back pain, both lower leg pain and were much worse than last visit. The injured worker reported that her lower back pain was better from a 4th lumbar epidural steroid injection that was done on 09/26/2014. She still reported numbness/tingling pain and spasms down both legs. According to the provider, the injured worker had electromyography and nerve conduction velocity studies showing chronic L4-5 radiculopathy, right worse than left. Diagnoses included sprain/strain lumbar spine and lumbar disc bulge with radiculitis status post epidural injection. Plan of care included home exercise program, light pool exercises and light cardiac/core strengthening at the gym, light weights maximum at 7.5 pounds per arm, acupuncture and physiotherapy of the neck, shoulders and lower back. Naproxen, Prilosec and pain cream were given. On 01/20/2015, Utilization Review non-certified x-ray of the right hip. According to the Utilization Review physician, based on the review of the current notes provided, the medical necessity of the request of an x-ray from the subjective and objective findings that present with a lumbar radicular component cannot be determined. The Official Disability Guidelines were cited. The decision was appealed for an Independent Medical Review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**X-ray of the right hip:** Overturned

**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 and 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 Hip and Pelvis chapter, Radiographs

**Decision rationale:** The 1/20/15 Utilization Review letter states the X-ray of the right hip, requested on the 1/13/15 medical report was denied because reviewer did not see the medical necessity for a hip x-ray in a patient with lumbar radicular symptoms. According to the 1/13/15 medical report, the patient has 9/10 back pain worse than before the injection the back pain radiates down both legs. There were no objective findings for the hip reported. The treatment plan does not discuss a rationale for right hip radiographs. MTUS/ACOEM does not discuss hip radiographs. ODG guidelines were consulted. ODG-TWC guidelines, Hip and Pelvis chapter online for X-rays states: Plain radiographs (X-Rays) of the pelvis should routinely be obtained in patients sustaining a severe injury. The routine x-rays of the patient hip appears to be in accordance with ODG guidelines. The request for an x-ray of the right hip IS medically necessary.