Case Number:	CM15-0019335		
Date Assigned:	02/09/2015	**Date of Injury:**	01/17/2012
Decision Date:	03/31/2015	**UR Denial Date:**	01/09/2015
Priority:	Standard	**Application Received:**	02/03/2015

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: New Jersey, Michigan, California
Certification(s)/Specialty: Neurology, Neuromuscular 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 is a year old female, who sustained an industrial injury on 01/17/2012. On provider visit dated 01/05/2015 the injured worker has reported right buttock pain. Examination of the left and right pelvis hip were unremarkable. The diagnoses have included disorder of sacrum, pain joint pelvis and thigh, lumbar radiculitis and lumbosacral spondylosis. Treatment plan included CT scan of pelvis, medication and MRI of the lumbar spine. On 01/09/2015 Utilization Review non-certified CT scan without contrast pelvis, as not medically necessary. The CA ODG was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT scan without contrast, 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 (ODG), Hip & Pelvis - CT (computed tomography)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation CT (computed tomography) http://www.odg-twc.com/index.html

Decision rationale: According to ODG guidelines, CT of the pelvis.<Recommended as indicated below. Computed tomography (CT) reveals more subchondral fractures in osteonecrosis of the femoral head than unenhanced radiography or MR imaging. (Stevens, 2003) 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. (Colorado, 2001) (Kalteis, 2006) (Wild, 2002) (Verhaegen, 1999) 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. (Cannon, 2009)Indications for imaging - Computed tomography:Sacral insufficiency fracturesSuspected osteoid osteomaSubchondral fracturesFailure of closed reductionThere is no documentation that the patient is suspected to have pelvic fracture, osteoma or failure processes reduction. Therefore the request for CT scan without contrast, pelvis is not medically necessary.