

Case Number:	CM15-0121038		
Date Assigned:	07/01/2015	Date of Injury:	10/17/1997
Decision Date:	07/30/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	06/23/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 60-year-old female, who sustained an industrial injury on October 14, 1997. The injured worker was diagnosed as having lumbar radiculitis/radiculopathy, sacroiliitis, low back pain, lumbar/lumbosacral disc degeneration and post laminectomy syndrome of lumbar spine. Treatment to date has included surgery, oral and topical medication and intrathecal pump. A progress note dated December 19, 2013 provides the injured worker complains of back sacroiliac joint and hip pain radiating to the right lower extremity. She is being seen for refill of her intrathecal pain pump. Physical exam notes the injured worker is alert and oriented X 3. There is a request for x-rays.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-ray, Sacral/Pelvic: 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 - X-rays.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, hip x-rays.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. The ODG states that hip/pelvis injuries are indicated after severe injury to the hips/pelvis or suspicion of osteoarthritis. The patient is not at high risk for development of osteoarthritis and there is no documentation of injury to the hip/pelvis. Therefore, the request is not medically necessary.