

Case Number:	CM15-0127150		
Date Assigned:	07/13/2015	Date of Injury:	05/02/2013
Decision Date:	08/07/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	07/01/2015

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 61-year-old male who sustained an industrial injury on 5/2/2013 resulting in right groin, lower back and right hip pain. He was diagnosed with sacroiliac pain; post right inguinal hernia repair with residuals; chronic right inguinal neuropathy; lumbar disc syndrome with radicular pain of bilateral lower extremities; and, right groin pain. Post injury treatment has included right sacroiliac joint injection from which he reported there was no benefit; and, medication. The injured worker continues to complain of low back, right hip, and right groin, radiating pain. The treating physician's plan of care includes CT scan of the pelvis. Present working status is not provided in documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT scan pelvis: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pelvic imaging.

Decision rationale: The ACOEM and the California MTUS do not specifically address imaging of the hip or lower extremity. The ODG indicates imaging of the pelvis is warranted for osseous, articular or soft tissue abnormalities, osteonecrosis, occult and stress fracture, acute and chronic soft tissue injuries and tumors. In this case the provided documentation fails to show concern or objective finding consistent with any of the above mentioned diagnoses. Therefore criteria for pelvic imaging has not been met per the ODG and the request are not medically necessary.