

Case Number:	CM15-0166437		
Date Assigned:	09/28/2015	Date of Injury:	10/19/2000
Decision Date:	11/02/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	08/25/2015

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 is a 37 year old female with a date of injury on 10-19-2000. A review of the medical records indicates that the injured worker is undergoing treatment for complex regional pain syndrome (CRPS), fibromyalgia and chronic pain syndrome. According to the progress report dated 6-23-2015, the injured worker complained of "pain all over my body." She reported that there was not much that alleviated her pain. The physical exam (6-23-2015) revealed an appropriate heel to toe gait pattern without any signs of antalgia. Treatment has included spinal cord stimulator implantation, physical therapy, massage, transcutaneous electrical nerve stimulation (TENS) unit and medications. Current medications (6-23-2015) included Lyrica, Cymbalta and Topamax. The request for authorization dated 6-23-2015 included a pelvic x-ray (taken 6-23-2015). The original Utilization Review (UR) (8-10-2015) denied a request for an x-ray of the pelvis.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-ray of the pelvis with 1 view: 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 (Acute & Chronic), X-Ray.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

Decision rationale: The patient continues with unchanged symptom complaints, non-progressive clinical findings without any acute change to supporting repeating the Pelvic x-ray. ACOEM Treatment Guidelines Diagnostic and Treatment Considerations, states Criteria for ordering imaging studies include Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electrodiagnostic studies. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, review of submitted medical reports for this chronic 2000 injury have not adequately demonstrated the indication for pelvic x-ray nor document any specific progressive deteriorating clinical findings with pathological surgical lesion, failed conservative treatment, or ADL limitations to support this imaging study. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The X-ray of the pelvis with 1 view is not medically necessary and appropriate.