

<b>Case Number:</b>	CM15-0073546		
<b>Date Assigned:</b>	04/23/2015	<b>Date of Injury:</b>	05/30/2000
<b>Decision Date:</b>	07/28/2015	<b>UR Denial Date:</b>	04/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/17/2015

### 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 72-year-old female sustained an industrial injury on 5/30/2000. She subsequently reported back, hip and bilateral knee pain. Diagnoses include status post right hip surgery and bilateral lower extremity radiculopathy. Treatments to date include CT, MRI and x-ray testing, hip and back surgery, injections, physical therapy and prescription pain medications. The injured worker continues to experience low back pain that radiates to the bilateral lower extremities. Upon examination, there was antalgic gait. Tenderness over the left sacroiliac joint was noted. Reduced hip range of motion was noted. Positive bilateral straight leg raise was noted. The treating physician made a request for CT scan of the pelvis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CT scan of the 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) Integrated Treatment/Disability Duration Guidelines, Hip & Pelvis (Acute & Chronic) (updated 10/09/14).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Chapter 12- Low Back Complaints, Imaging, pages 303-304.

**Decision rationale:** The patient continues with unchanged symptom complaints, non-progressive clinical findings without any acute change to supporting repeating the Pelvic imaging. 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 electro diagnostic 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 injury of 2000 have not adequately demonstrated the indication for CT of the Pelvis 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 CT scan of the pelvis is not medically necessary and appropriate.