

<b>Case Number:</b>	CM15-0079263		
<b>Date Assigned:</b>	04/30/2015	<b>Date of Injury:</b>	03/14/2013
<b>Decision Date:</b>	05/29/2015	<b>UR Denial Date:</b>	04/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/27/2015

### 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: Arizona, California  
 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 57 year old male who sustained an industrial injury on 03/14/13. Diagnoses include: lumbar disc disease, right shoulder impingement and labral tear. Treatments to date include physical therapy, and surgeries on the left shoulder and right knee. Diagnostic studies are not addressed. Current complaints include constant pulling pain, pain and numbness from the bilateral legs into the groin. Current diagnoses include lumbar disc protrusion. In a progress note dated 12/09/14 the treating provider reports the plan of care as continued home exercise program, acupuncture, and physical therapy. The requested treatment is a pelvic x-ray.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**X-ray, 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 (ODG-TWC), Hip Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- Hip chapter and x-rays pg 36.

**Decision rationale:** According to the guidelines, x-rays are recommended for acute injury. In this case, the injury is 2 years ago. Exam findings are not provided to suggest a fracture or tumor. The claimant's injury and findings were consistent with prior lumbar diagnoses. The request for an x-ray of the hip is not medically necessary.