

<b>Case Number:</b>	CM15-0094188		
<b>Date Assigned:</b>	05/20/2015	<b>Date of Injury:</b>	08/19/2008
<b>Decision Date:</b>	06/26/2015	<b>UR Denial Date:</b>	05/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/15/2015

### 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: Pennsylvania  
 Certification(s)/Specialty: Internal Medicine

### 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 46 year old male who sustained an industrial injury on August 19, 2008. The injured worker was diagnosed as having contracture of joint of the pelvic region status post left hip arthroscopy, left wrist arthritis, lumbar radiculopathy, tibiofibular ligament sprain/strain, left tarsal tunnel syndrome, left carpal tunnel syndrome, left triangular fibrocartilage complex sprain/strain, left cubital tunnel syndrome, and rheumatoid arthritis. Evaluation and treatment to date has included MRIs, epidural injections, splinting, physical therapy, electromyography (EMG), x-rays, activity modification, use of a cane, aqua therapy, left hip surgery, and medication. MRI of the lumbar spine in December 2013 showed disc protrusion and nerve root compression, with no acute fracture. X-ray of the left wrist on 9/9/2009 showed no acute disease. Magnetic resonance arthrogram of the left hip on 10/8/14 showed no acute labral tear, post-surgical changes, and no cartilaginous defect. X-ray of the pelvis/hip/femur noted in October 2014 showed that the pelvis and hip spaces were well preserved, capsular calcifications to the left hip area at the level of the pelvis, and no acute fractures. X-ray of the left wrist/hand noted in October 2014 showed no evidence of osteonecrosis, no arthritic changes, and no acute fractures. Reports in 2014 and 2015 note ongoing back pain, left hand/wrist pain, and left hip and leg pain. Currently, the injured worker complains of low back pain, left hip pain, left ankle pain, and left wrist pain, and radiation of pain to the left lower extremity. The treating physician's report dated April 30, 2015, noted the injured worker's condition was not showing improvement, with symptoms affecting the injured worker's standing and walking capabilities, and his activities of daily living. The injured worker's current medications were listed as Anaprox-DS, Prilosec,

Flexeril, and Ultram ER. Physical examination showed swelling and pain in the joints on the left and right hands. The treatment plan was noted to include continued medications including Anaprox DS and Terocin patch, with initiation of Hysingla ER, referrals to a psychologist and rheumatology, and x-rays to the wrist, hand, lumbar spine, pelvis, and hip. On 5/11/15, Utilization Review (UR) non-certified requests for the items currently under Independent Medical Review, citing the MTUS/ACOEM and ODG.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**One (1) x-ray of the left wrist with 3 views: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

**Decision rationale:** This injured worker has chronic wrist and hand pain. The ACOEM states that for most patients with hand and wrist problems, special studies are not needed until after a 4-6 week period of conservative care and observation. Radiographs may be obtained for acute injury with suspicion of fracture. Imaging studies may be warranted if the history and examination suggest specific disorders, such as infection. In this case, the injured worker has had prior radiographic imaging of the left wrist and hand, which showed no evidence of osteonecrosis, no arthritic changes, and no acute fractures. There was no documentation of reinjury or change in clinical condition to warrant repeating the radiographic studies. The treating physician has not discussed the indication for this x-ray. There was no documentation of any red flag conditions such as suspicion of infection. As such, the request for One (1) x-ray of the left wrist with 3 views is not medically necessary.

**One (1) x-ray of the lumbar spine with AP, lateral, flexion/extension and oblique views: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 296, 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back chapter: radiography (x-rays).

**Decision rationale:** This injured worker has chronic back pain. The ACOEM low back chapter notes that for acute lumbar strain, no tests are indicated for 4-6 weeks; for lumbosacral nerve root compression with radiculopathy, no tests are indicated for 4-6 weeks unless compression is severe or progressive. Lumbar spine x-rays should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least six weeks, but may be appropriate when the physician believes it would aid in pain

management. The ODG states that routine x-rays are not recommended in the absence of red flags for serious spinal pathology. The ODG lists specific indications for imaging with plain x-rays. In this case, the injured worker has undergone prior MRI of the lumbar spine in December 2013, which showed disc protrusion and nerve root compression with no acute fracture. There was no documentation of reinjury or change in clinical condition since this prior imaging. No red flags for serious spinal pathology were documented. As such, the request for One (1) x-ray of the lumbar spine with AP, lateral, flexion/extension and oblique views is not medically necessary.

**One (1) x-ray of the left hand with 3 views: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

**Decision rationale:** This injured worker has chronic wrist and hand pain. The ACOEM states that for most patients with hand and wrist problems, special studies are not needed until after a 4-6 week period of conservative care and observation. Radiographs may be obtained for acute injury with suspicion of fracture. Imaging studies may be warranted if the history and examination suggest specific disorders, such as infection. In this case, the injured worker has had prior radiographic imaging of the left wrist and hand, which showed no evidence of osteonecrosis, no arthritic changes, and no acute fractures. There was no documentation of reinjury or change in clinical condition to warrant repeating the radiographic studies. The treating physician has not discussed the indication for this x-ray. There was no documentation of any red flag conditions such as suspicion of infection. As such, the request for One (1) x-ray of the left hand with 3 views is not medically necessary.

**One (1) x-ray of the pelvis AP: 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 ODG hip and pelvis chapter: x-ray.

**Decision rationale:** This injured worker has chronic hip and leg pain, with history of hip surgery. The ODG states that plain radiographs of the pelvis should routinely be obtained in patients sustaining a severe injury, and that x-rays are also valuable for identifying patients with a high risk of development of hip osteoarthritis. Plain radiographs and bone scintigraphy are preferred for the assessment of a femoral component because of their efficacy and lower risk of patient morbidity. X-rays are not as sensitive as CT in detection of subchondral fractures in osteonecrosis of the femoral head. Plain radiographs are usually sufficient for diagnosis of hip fracture as they are at least 90% sensitive. MRI shows superior sensitivity in detecting hip and pelvic fractures over plain film radiography. In this case, the injured worker had a magnetic resonance arthrogram of the left hip in October 2014, and x-rays of the pelvis/hip/and femur

were also noted in progress notes from October 2014, with results as described. The indication for the current imaging request was not discussed by the physician. There was no documentation of reinjury or change in clinical condition since the recent prior imaging studies. As such, the request for One (1) x-ray of the pelvis AP is not medically necessary.

**One (1) x-ray of the hip, unilateral with 2 views: 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 ODG hip and pelvis chapter: x-ray.

**Decision rationale:** This injured worker has chronic hip and leg pain, with history of hip surgery. The ODG states that plain radiographs of the pelvis should routinely be obtained in patients sustaining a severe injury, and that x-rays are also valuable for identifying patients with a high risk of development of hip osteoarthritis. Plain radiographs and bone scintigraphy are preferred for the assessment of a femoral component because of their efficacy and lower risk of patient morbidity. X-rays are not as sensitive as CT in detection of subchondral fractures in osteonecrosis of the femoral head. Plain radiographs are usually sufficient for diagnosis of hip fracture as they are at least 90% sensitive. MRI shows superior sensitivity in detecting hip and pelvic fractures over plain film radiography. In this case, the injured worker had a magnetic resonance arthrogram of the left hip in October 2014, and x-rays of the pelvis/hip/and femur were also noted in progress notes from October 2014, with results as described. The indication for the current imaging request was not discussed by the physician. There was no documentation of reinjury or change in clinical condition since the recent prior imaging studies. As such, the request for One (1) x-ray of the hip, unilateral with 2 views is not medically necessary.