

Case Number:	CM15-0098273		
Date Assigned:	05/29/2015	Date of Injury:	07/14/1999
Decision Date:	07/02/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	05/21/2015

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: Emergency 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 67 year old female, who sustained an industrial injury on 07/14/1999. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having status post lumbar laminectomy and fusion, post laminectomy syndrome of the lumbar spine, sympathetically mediated pain syndrome of the left lower extremity, and bilateral lower extremity pain secondary to post laminectomy syndrome and sympathetically mediated pain that has significantly improved with selective blocks of the bilateral lumbar four and lumbar five levels. Treatment and diagnostic studies to date has included medication regimen, x-rays of the lumbar spine from 2014, and status post selective nerve root blocks at bilateral lumbar four and bilateral lumbar five levels under fluoroscopic guidance performed on 02/02/2015. In a progress note dated 02/19/2014 the treating physician reports persistent discomfort to the left side of the thigh and notes that the symptoms make the appearance of a fasciitis with the discomfort coming from the greater trochanter on the left side than the discomfort coming from the back. The treating physician also noted on this date that recent x-rays were obtained to the lumbar spine, but the treating physician was unable to see the hip joints adequately with the x-rays performed and recommend an anteroposterior and frogleg view of the pelvis to rule out any hip arthropathy, however the documentation provided did not contain any reports of this study. The follow up report from recent nerve block performed on 02/02/2015 was revealing for significant improvement in pain to the bilateral lower extremity with greater than 50% improvement. The treating physician noted that the injured worker hasn't had to take any pain medications post

procedure and has had functional improvement. On 04/28/2015 the treating physician requested a standing anteroposterior and lateral views and anteroposterior and frogleg views of the pelvis for the diagnosis of left lower extremity pain and low back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

AP and frogleg view of pelvis: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers' Compensation, Online Edition, Chapter: Hip & Pelvis, X-Ray.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Hips and Pelvis: X-ray.

Decision rationale: MTUS Chronic pain and ACOEM Guidelines do not have any sections that relate to this topic. As per Official Disability Guidelines, X-rays of hip may be considered in assessment for osteoarthritis. Provider has documented inadequate view from lumbar X-ray. Patient has complaints of constant, hip and thigh pain. While the provider believes that the pain may be due to fasciitis, screening of patient with signs of potential arthropathy of hips meets criteria as per ODG guidelines. The request for AP and frogleg view of pelvis is medically necessary.

Standing AP and lateral: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers' Compensation, Online Edition, Chapter: Hip & Pelvis, X-Ray.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Hip and Pelvis: X-ray.

Decision rationale: MTUS Chronic pain and ACOEM Guidelines do not have any sections that relate to this topic. As per Official Disability Guidelines, X-rays of hip may be considered in assessment for osteoarthritis. Provider has documented inadequate view from lumbar X-ray. Patient has complaints of constant, hip and thigh pain. While the provider believes that the pain may be due to fasciitis, screening of patient with signs of potential arthropathy of hips meets criteria as per ODG guidelines. Therefore, this request for standing AP and lateral X-ray of pelvis is medically necessary.