MAXIMUS Federal Services

Case Number:	CM13-0033405		
Date Assigned:	03/21/2014	Date of Injury:	09/17/2012
Decision Date:	07/07/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/09/2013

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 40-year-old female who reported an injury on 09/17/2012 due to slipping on a wet floor in the locker room at work. The injured worker changed physicians after initial visit citing desire for an MRI and x-ray. The injured worker located another doctor, received an initial assessment and lumbar MRI performed 03/01/2013. The MRI results indicated disc injury with myelopathy to L4-L5 and L5-S1; the injured worker also rated her pain to lumbar region at 4-6/10. Her physician prescribed the following medications for injury-related signs and symptoms: Clinoril, Soma, Motrin, Nucynta, Elavil, Colace, Tylenol with codeine, and ESIG. Therapy included physical therapy with deep tissue massage, ice to the affected site, acupuncture and the use of a homemade cervical collar constructed of folded towels as instructed by staff. Per the 08/15/2013 clinical note, the injured worker demonstrated a negative straight leg test to 90 degrees bilaterally from the supine and upright positions. Range of motion to lumbar region indicated side flexion of 30 degrees bilaterally, rotation 30 degrees bilaterally, flexion 90 degrees and extension 30 degrees. Pain was induced with palpitation, flexion and extension from L1-L5 at +2 severity; the standard pain scale (0-10) was not reported. The diagnoses included sciatica and lumbar sprain. The provider requested an MRI of the pelvis to further evaluate tissue damage. The request for authorization form was not present in the medical record.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI 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-TWC), Hip & Pelvis, Procedure Summary (last updated 06/12/13), Indications for Imaging --Magnetic Resonance Imaging (MRI).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip & Pelvis, Indications for Imaging --Magnetic Resonance Imaging (MRI).

Decision rationale: The request for an MRI scan of the pelvis is not medically necessary. The injured worker presents with lumbosacral strain with lumbar myelopathy and stain to lumbar region. The Official Disability Guidelines recommend magnetic resonance imaging for the hip for the following indications: osseous, articular or soft-tissue abnormalities; osteonecrosis; occult acute and stress fracture; acute and chronic soft-tissue injuries and tumors. There is a lack of documentation regarding objective findings of the hip to warrant imaging. There is no indication of soft tissue abnormalities, osteonecrosis, stress fracture, soft tissue injury, or tumor requiring evaluation with an MRI. This diagnostic tool is being used outside the scope of lumbar pain complaint. Based on this information, the request for MRI of the pelvis is not supported. Therefore, the request for an MRI scan of the pelvis is not medically necessary.