

Case Number:	CM13-0043476		
Date Assigned:	12/27/2013	Date of Injury:	04/02/2013
Decision Date:	06/23/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	10/23/2013

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 Orthopedic Surgery, has a subspecialty in Spine Fellowship and is licensed to practice in California. 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 patient is an employee of [REDACTED] and has submitted a claim for left hip/pelvic pain and left hip strain/sprain associated with an industrial injury date of April 2, 2013. The patient was working as a janitor and twisted his lower back throwing away a 50 pound bag of trash. He twisted at the waist and heard a crack/pop in the back resulting in increased pain on the left side at the waist. The treatment to date has included oral and topical analgesics, muscle relaxants, home exercise program physical therapy, and lumbar epidural steroid injection. The utilization review dated September 24, 2013 denied the request for MRI of the left pelvis and hip due to no history of trauma, no current subjective complaint of hip pain, and no apparent suspicion for hip fracture or tumor. The medical records from 2013 were reviewed and showed persistent, severe back pain described as being sharp and intense with radiation down the left leg. Pain was 8/10 with medications and 9/10 without medications. The patient was walking with difficulty and complains of burning pain, tingling and numbness on the left leg. Physical examination revealed normal range of motion but with discomfort with flexing and twisting. There was point tenderness over the midline at L5 and trigger points could be elicited in the lumbar paraspinal musculature. Kemp's test was positive bilaterally; and Patrick's test was positive on the left with point tenderness over the left sacroiliac (SI) joint. Gait was antalgic favoring the left. Muscle strength was 4/5 over the left quadriceps, hamstrings and calf. Xray of the lumbar spine done on May 23, 2013 showed mild disc space narrowing at the L5-S1. According to a progress report on June 19, 2013, the patient has not improved with conservative treatment hence a diagnostic workup was recommended to rule out surgical pathology. MRI of the lumbar spine was done on July 5, 2013 and revealed spondylotic changes and mild left foraminal narrowing at L3-L4 and moderate bilaterally at L4-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI LEFT PELVIC: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG), Hips & Pelvis, Imaging.

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

Decision rationale: The CA MTUS does not address this issue. The ODG Hips & Pelvis Chapter states that MRI seems to be the modality of choice for the next step in evaluation of select patients in whom plain radiographs are negative and suspicion is high for occult fracture. Plain radiographs are usually sufficient for diagnosis as they are at least 90% sensitive for hip fracture. In this case, the patient has been complaining of chronic back pain radiating down the lower leg however most recent progress reports did not show complaints of left pelvic pain. Documents submitted did show left sacroiliac tenderness on examination however x-ray of the lumbosacral spine was obtained on May 23, 2013 and was negative for fracture. Furthermore, indication for MRI of the left pelvis was not specified. Therefore, MRI of the left pelvis is not medically necessary.

MRI LEFT HIP: 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) Hips & Pelvis, Imaging

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

Decision rationale: The CA MTUS does not address this issue. The ODG Hips & Pelvis Chapter states that MRI seems to be the modality of choice for the next step in evaluation of select patients in whom plain radiographs are negative and suspicion is high for occult fracture. In this case, the patient has been complaining of chronic back pain radiating down the left lower leg however most recent progress notes did not show complaints of left hip pain. There was no evidence that an x-ray of the left hip was obtained. Furthermore, indication for MRI of the left hip was not specified. Therefore, MRI of the left hip is not medically necessary.