

Case Number:	CM13-0057765		
Date Assigned:	12/30/2013	Date of Injury:	09/16/2011
Decision Date:	05/07/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	11/25/2013

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 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 a 47 year old female who was injured on 09/16/2011. The mechanism of injury is unknown. Prior treatment history has included epidural steroid injection which improved symptoms; six psychotherapy visits which she has found to be beneficial; and three physical therapy visits which have not been beneficial. Treating Physician's Progress Report dated 11/19/2013 indicated the patient is in with complaints of lumbar spine pain and strength instability resulting in functional limitations. The patient is diagnosed with 1) Right sacroiliac joint pain; 2) Lumbar degenerative disc disease; 3) Lumbar disc displacement at L3-L4 and L4-L5; 4) Acute L5 radiculopathy on the right per (EMG/NCV) electromyogram and nerve conduction studies or velocity study performed on 08/29/2012; 5) Anxiety and depression; and 6) Rule out right piriformis syndrome. The patient has undergone a right L4-5 epidural steroid injection under fluoroscopic guidance on 05/16/2013 with 50% improvement in symptoms and improvement in function. She will continue Etodolac. She had completed six psychotherapy visits with [REDACTED]. PR2 dated 10/25/2013 indicated the patient presents with continued low back pain, constant flare ups. She indicated she twisted while sitting in the driver's seat and her pain level was 8/10. She has increased pain when lifting, pulling, and pushing with muscle spasms. She has increased numbness in right foot and toes. Objective findings on exam revealed lumbar spine has limited range of motion with positive straight leg raise at 75 degrees; positive EMG showed L5 radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI SCAN OF THE RIGHT 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)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip, MRI (magnetic resonance imaging).

Decision rationale: According to the Official Disability Guidelines, the MRI is both highly sensitive and specific for the detection of many abnormalities involving the hip or surrounding soft tissues and should in general be the first imaging technique employed following plain films. There is no medical documentation to support a right hip history of injury. The medical records do not reveal any right hip physical examinations. The medical records do not document any abnormal findings or clinically significant deficits involving the hip. Furthermore, there are no right hip plain x-rays. Based on the paucity of supportive documentation, medical records do not establish this patient is an appropriate candidate for right hip MRI. Request for MRI of the right hip does not meet medical necessity under the guidelines.

MRI SCAN OF THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 177-178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

Decision rationale: According to the Low Back Complaints ACOEM Guidelines Practice, repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. The medical records document that this patient had an MRI of the lumbar spine performed less than one year ago. The patient has ongoing low back pain. Objective findings on exam revealed lumbar spine has limited range of motion with positive straight leg raise at 75 degree. There is no indication of progression of neurological deficit or notable change in the patient's neurological examination. The medical records do not demonstrate any significant change in the patient's complaints or examination findings. The request for repeat lumbar spine MRI is not supported by the guidelines, and is not medically necessary.