

Case Number:	CM13-0060491		
Date Assigned:	12/30/2013	Date of Injury:	01/19/2005
Decision Date:	04/03/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	12/03/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Neurology, has a Fellowship trained in Neuro-Oncology, and is licensed to practice in Texas, Massachusetts and Ohio. 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 physician 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 59-year-old female who reported injury on 01/19/2005. The mechanism of injury was not provided. The patient was noted to be status post L5-S1 decompression and posterior fusion. The clinical documentation dated 08/15/2013 revealed the patient had perineal pain that wrapped around from the flank to over the abdomen. The patient indicated the pain was new since the surgery. The patient denied bowel or bladder changes and was able to control urination without difficulty. The patient was able to control her bowels without difficulty. The patient had pain radiating into the perineal region near the urethra. The patient indicated the pain was when she sits or moves. When she lies down, the pain goes away. Assessment and plan was noted to be the patient had pain in the perineal area as well as in the abdomen region that was around the flank with sitting and was alleviated by lying down. The physician opined it may be from the patient's uncorrected adult scoliosis. The patient indicated that there was a concern to make sure there was no displacement of the implants. It is indicated the physician would get an MRI (magnetic resonance imaging) of the lumbar spine to assure there was no nerve compression and the patient was to see her OB-GYN (Obstetrics and gynaecology) for an evaluation of perineal pain. The documentation of 10/07/2013 revealed the patient had results of an MRI and CT (computed tomography) scan of the lumbar spine showing the implants were in a good position and there was no significant stenosis where the surgery was. It was further indicated the MRI report recommended and MR (magnetic resonance) Neurogram. The official MRI note read there were no findings to suggest cause for the patient's perineal pain; however, the S1 and S2 nerve root courses were not specifically identified on a lumbar MRI and could be better evaluated with an MR Neurogram. Request was for an MR Neurogram of the lumbar

spine and pelvis. The diagnosis was noted to be pain and other symptoms associated with female genital organs.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic resonance (EG, Proton) imaging, of pelvis without contrast material(s), followed by contrast material(s) and further sequences: 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 & Pelvis Chapter, MRI (magnetic resonance imaging)

Decision rationale: The Official Disability Guidelines (ODG) indicate that magnetic resonance imaging is appropriate for osseous, articular, or other soft abnormalities, osteonecrosis, acute and chronic soft tissues injuries and tumors. The clinical documentation per the physician indicated an MR (magnetic resonance) Neurogram was recommended for perineal pain. The official read of the lumbar MRI(magnetic resonance imaging) revealed the recommendation was for a MR Neurogram. There was a lack of clarity as to whether the recommendation was for an MR Neurogram of the lumbar spine or pelvis or both. The physician referred the patient to her OB-GYN (Obstetrics and gynaecology) and there was a lack of documentation indicating that visit had taken place. Given the lack of documentation of exceptional factors the request for magnetic resonance (EG, Proton) imaging, of pelvis without contrast material(s), followed by contrast material (s) and further sequences is not medically necessary.