MAXIMUS Federal Services

Case Number:	CM14-0000692		
Date Assigned:	01/17/2014	Date of Injury:	04/21/2008
Decision Date:	06/27/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	01/02/2014

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 Occupational Medicine 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 58-year-old male who has submitted a claim for [redacted], Left Hip; Mild Recurrent Bursitis, Right Hip; and Piriformis Syndrome versus Sciatica secondary to Lumbar Spondylosis, Left Hip, associated with an industrial injury date of April 21, 2008. Medical records from 2012 through 2013 were reviewed, which showed that the patient complained of right buttock pain radiating to his thigh with numbness going down his leg. He also complained of left hip and groin pain. On physical examination, there was restricted motion with positive impingement sign on the left. On the right, there was tenderness over the greater trochanter and over the buttock. Passive straight leg raise caused minimal discomfort. Pelvic radiographs dated December 5, 2013 revealed significant near complete joint space loss of the left hip. Treatment to date has included medications, bilateral shoulder surgery, right hip replacement, physical therapy, home exercise program, lumbar epidural steroid injections, left L4-5 and L5-S1 facet injection, and right hip endoscopic bursectomy. Utilization review from December 16, 2013 denied the request for MRI of the lumbar spine because there was no discussion of a comprehensive physical examination to identify specific nerve root compromise.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: According to pages 303-304 of the ACOEM Practice Guidelines referenced by CA MTUS, imaging of the lumbar spine is supported in patients with unequivocal objective findings that identify specific nerve compromise on the neurologic examination, who do not respond to treatment, and who are in consideration for surgery. In this case, MRI of the lumbar spine was requested due to significant sciatica and numbness in the legs. However, there was no documentation of a neurologic examination identifying specific nerve compromise. Furthermore, there was no discussion regarding failure of present treatment or future surgical plans. Therefore, the request for MRI of the lumbar spine is not medically necessary.