

Case Number:	CM14-0001034		
Date Assigned:	01/08/2014	Date of Injury:	08/30/2000
Decision Date:	07/02/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	01/03/2014

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 52-year-old female who has submitted a claim for lumbago, lumbar radiculopathy, cervical and lumbar degenerative disc disease, status post cervical and lumbar fusion associated with an industrial injury date of August 30, 2000. Medical records from 2012-2013 were reviewed, the latest of which dated December 10, 2013 revealed that the patient complains of neck pain in the midline of the cervical spine that radiates to the bilateral upper extremity and to the thumb and index fingers in each hand. She also complains of bilateral shoulder pain, with the right side being worse than the left. She also complains of low back pain in the midline of the lumbar spine that radiates to the buttocks and both hips down the back of the left lower extremity. She has numbness of both upper and lower extremities. Her pain is worse when driving, standing, walking, bending, lifting and with movements of the neck, head, and shoulders. It is somewhat relieved with medications. All of her daily activities are limited to secondary to pain. She is unable to sleep at night secondary to pain. On physical examination, there is a well healed scar along the lower portion of the lumbar spine and along the anterior cervical spine. She has an antalgic gait. There is tenderness to the midline of the cervical spine and in the midline of the lower lumbar spine. There is limitation in range of motion of the lumbar spine in flexion to approximately 60 degrees, extension to approximately 10 degrees, left lateral flexion to approximately <5 degrees, right lateral flexion to approximately <5 degrees, left lateral rotation to approximately 30 degrees, and right lateral rotation to approximately 45 degrees. There is tenderness over the right shoulder. There is limitation in range of motion of the right shoulder in abduction to approximately 110 degrees and flexion to approximately 110 degrees. Motor strength in both lower extremity is 4/5. There is decreased sensation to light touch along the right forearm, left arm and forearm, posterior right leg, lateral left thigh and antero-lateral left leg. Straight leg raising test was positive on the left at 30 degrees. FABER test was positive

bilaterally. Treatment to date has included cervical discectomy and fusion (9/1/11), L3-5 laminectomy with decompression and fusion (11/16/06), epidural steroid injections, sacroiliac joint injections, physical therapy, acupuncture, and medications which include Risperdal, Cymbalta, Nuvigil, Norco, oxycodone and Voltaren gel. Utilization review from December 9, 2013 denied the request for MAGNETIC RESONANCE IMAGING (MRI) OF SACROILIAC JOINT because the clinical information submitted for review fails to meet the evidence based guidelines for the requested service.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF THE SACROILIAC JOINT: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The CA MTUS does not specifically address the topic on MRI of the sacroiliac joint. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG), Hip & Pelvic Section, was used instead. ODG criteria for hip MRI include osseous, articular or soft-tissue abnormalities; osteonecrosis; occult acute and stress fracture; acute and chronic soft-tissue injuries; tumors. Exceptions for MRI include suspected osteoid osteoma or labral tears. In this case, MRI of the sacroiliac joint was requested; however, the rationale is unknown due to lack of documentation. In the most recent clinical evaluation, there is no subjective or objective finding that warrants further investigation with MRI. The medical necessity of MRI was not established. Therefore, the request for MRI of the sacroiliac joint is not medically necessary.