

Case Number:	CM14-0012002		
Date Assigned:	02/21/2014	Date of Injury:	08/04/2008
Decision Date:	07/29/2014	UR Denial Date:	01/25/2014
Priority:	Standard	Application Received:	01/30/2014

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 Anesthesiology has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

Patient is a 52-year-old male who has submitted a claim for sacroilitis, left lumbar radiculopathy, lumbar disc protrusion, and mood disorder associated with an industrial injury date of 08/04/2008. Medical records from 2009 to 2013 were reviewed. Patient complained of left-sided low back pain, buttock pain, and posterior thigh pain. Patient had a sitting tolerance of 40 minutes, standing tolerance of one hour, and walking tolerance for 1 to 2 hours. Muscle strength of left ankle dorsiflexors, evertors, and knee flexors were graded 4+/5. Left knee extensor muscle strength was 5-/5. Straight leg raise at the left resulted to back pain. Tenderness was noted at left sacroiliac joint. Fortin finger sign was positive. Sacroiliac maneuvers were markedly positive, including distraction test, thigh-thrust test, and FABER test. Reflexes were normal. EMG/NCV from 06/18/2009 showed electrodiagnostic evidence for left lumbar posterior rami denervation, without evidence for an active lumbosacral radiculopathy on both sides. MRI of the lumbar spine, dated 04/16/2013, showed multilevel degenerative disc disease without significant canal stenosis. Treatment to date has included lumbar transforaminal epidural injection, physical therapy, chiropractic care, use of a TENS unit, and medications. Previous utilization review from 01/24/2014 was not made available in the submitted records.

IMR ISSUES, DECISIONS AND RATIONALES

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

NON-CONTRAST CT SCAN OF THE PELVIS TO CHARACTERIZE THE PATHOLOGY AROUND THE SACROILIAC JOINT: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, 304. Decision based on Non-MTUS Citation Official Disability Guidelines, ODG, Hip& Pelvis (Acute & Chronic) Procedure Summary: CT (computerized Tomography) - Indications for Imaging.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: American College of Radiology, Practice Guideline for the Performance of Computed Tomography (CT) of the Pelvis.

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the American College of Radiology, Practice Guideline for the Performance of Computed Tomography (CT) of the Pelvis was used instead. The guideline identifies that the indications for pelvis CT examination includes, but are not limited to: evaluation of pelvic pain; evaluation of pelvic inflammatory processes; evaluation of abdominal or pelvic trauma; clarification of findings from other imaging studies or laboratory abnormalities; and guidance for interventional or therapeutic procedures within the abdomen or pelvis. In this case, progress report from 11/05/2013 cited that patient had multilevel degenerative lumbar disc disease, however, clinically presented with severe sacroiliac pain. On physical examination, tenderness was noted at left sacroiliac joint. Fortin finger sign was positive. Sacroiliac maneuvers were markedly positive, including distraction test, thigh-thrust test, and FABER test. The rationale for requesting CT scan is for further evaluation and management as sacroiliac joint may likewise be involved in symptomatology due to persistence of pain despite conservative care. Guideline criteria were met. Therefore, the request for Non-Contrast Ct Scan of the Pelvis to Characterize the Pathology Around the Sacroiliac Joint is medically necessary.