

Case Number:	CM14-0119193		
Date Assigned:	08/06/2014	Date of Injury:	08/22/2002
Decision Date:	09/16/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/28/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Oklahoma and Texas. 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 injured worker is a 62-year-old female who reported an injury on 08/22/2002 due to unknown mechanism. Prior diagnostics include x-rays of the lumbar spine performed on 06/25/2014 which revealed no evidence of loosening or breakage of any of the components but it was noted on the plain films the injured worker had severe degenerative change of the bilateral sacroiliac joints. The injured worker has been diagnosed with back pain. Prior treatment includes injections, date and type not specified. Prior surgery includes a previous L4-5 posterolateral instrumentation with fusion, date unknown. On 06/25/2014, the injured worker complained of tenderness and pain from the previous surgery. On examination, she had findings compatible with sacroiliac joint dysfunction as there was tenderness and a positive Gaenslen's test as well as a positive Patrick cross leg test. Medications included topical compound of Ketoprofen 10%, Cyclobenzaprine 3%, Capsaicin 0.0375%, Menthol 2% and Camphor 1% as well as topical compound of Gabapentin/Ketoprofen/Lidocaine 7/10/5%. The provider's treatment plan was for an MRI scan of the pelvis. The requested treatment plan is for an MRI of the pelvis/sacroiliac joints to determine appropriate treatment recommendations. The request for authorization unknown was provided with documentation submitted for review; however, it was not dated.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI, Pelvis/SI (Sacroiliac) joints: 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) Hip & Pelvis (updated 03/25/14) MRI (magnetic resonance imaging).

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

Decision rationale: According to the Official Disability Guidelines state an MRI of the pelvis/sacroiliac joints is supported when there are osseous, articular or soft tissue abnormalities; osteonecrosis; occult acute and stress fracture; acute and chronic soft-tissue injuries or tumors. Exceptions for an MRI include suspected osteoid osteoma or labral tears. The injured worker had a positive Gaenslen's test as well as tenderness and degenerative changes of the bilateral sacroiliac joints on x-rays. However, there was a lack of documentation provided indicating the injured worker had been provided conservative care directed at the bilateral sacroiliac joints to support additional imaging at this time. As such, the request for MRI, Pelvis/SI (Sacroiliac) joints is not medically necessary and appropriate.