MAXIMUS Federal Services

Case Number:	CM14-0049409		
Date Assigned:	07/07/2014	Date of Injury:	01/28/2003
Decision Date:	08/22/2014	UR Denial Date:	04/02/2014
Priority:	Standard	Application Received:	04/17/2014

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 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:

According to the records made available for review, this is a 53-year-old female with a 1/28/03 date of injury. At the time request, there is documentation of low back pain radiating to the thigh, calves and feet; right groin/hip pain, and neck pain. Objective findings include an antalgic gait, decreased lumbar range of motion due to pain, tenderness to palpation over the pubic symphysis, sacrum, right ischial tuberosity, painful right hip range of motion, and tenderness to palpation over the right groin and right greater trochanter. An MRI of the lumbar spine taken on 11/19/12 revealed mild facet arthropathy at L4-5 and L5-S1 levels. Current diagnoses include chronic pain involving the pelvic region and thigh, chronic pain syndrome, and low back pain, and treatment to date has been physical therapy in 2009, chiropractic therapy in 2010, and medications. In addition, x-rays of the pelvis taken on 4/9/14 revealed mild degenerative changes within the hips bilaterally.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the lumbar spin without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2013, Low back chapter and Hip and Pelvis chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Minnesota Rules, 5221.6100 Parameters for Medical Imaging.

Decision rationale: The MTUS reference to ACOEM guidelines states that an MRI may be recommended with documentation of red flag diagnoses where plain film radiographs are negative, with objective findings that identify specific nerve compromise on the neurologic examination, with failure of conservative treatment, and with patients who are considered for surgery. The Official Disability Guidelines state that repeat MRIS may be recommended with documentation of a diagnosis/condition for which a repeat study is indicated, such as to diagnose a suspected fracture or suspected dislocation, to monitor a therapy or treatment which is known to result in a change in imaging findings and imaging of these changes are necessary to determine the efficacy of the therapy or treatment, to follow up a surgical procedure, or to diagnose a change in the patient's condition marked by new or altered physical findings. Within the medical information available for review, there is documentation of diagnoses of chronic pain involving the pelvic region and thigh, chronic pain syndrome, and low back pain. In addition, there is documentation of a previous lumbar MRI performed on 11/19/12. However, despite documentation of low back pain radiating to the thigh, calves, and feet; an antalgic gait; and decreased lumbar range of motion due to pain, there is no documentation of a diagnosis/condition for which a repeat study is indicated. Therefore, the request is not medically necessary.

MRI of the pelvis without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th edition (web), 2013, Low Back chapter and Hip and Pelvis chapter.

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, MRI (magnetic resonance imaging).

Decision rationale: The MTUS does not address this issue; however, the Official Disability Guidelines state that an MRI of the hip/pelvis may be recommended with documentation of negative plain radiographs and a high suspicion for occult fracture; osseous, articular or soft tissue abnormalities; osteonecrosis; occult acute and stress fractures; acute and chronic soft tissue injuries; or tumors. Within the medical information available for review, there is documentation of diagnoses of chronic pain involving the pelvic region and thigh, chronic pain syndrome, and low back pain. However, given documentation of an x-ray of the pelvis identifying mild degenerative changes within the hips bilaterally, there is no documentation of negative plain radiographs. In addition, despite documentation of right groin/hip pain; tenderness to palpation over the pubic symphysis, sacrum, and right ischial tuberosity; painful right hip range of motion; and tenderness to palpation over the right groin and right greater trochanter, there is no documentation of a high suspicion for occult fracture; osseous, articular or soft tissue abnormalities; osteonecrosis; occult acute and stress fractures; acute and chronic soft tissue

injuries; or tumors. Therefore, based on guidelines and a review of the evidence, the request is not medically necessary.