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| <b>Case Number:</b>   | CM14-0054169 |                              |            |
| <b>Date Assigned:</b> | 07/07/2014   | <b>Date of Injury:</b>       | 08/17/2009 |
| <b>Decision Date:</b> | 09/05/2014   | <b>UR Denial Date:</b>       | 04/15/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 04/23/2014 |

### 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 General Surgery, has a subspecialty in Surgical Critical Care and is licensed to practice in 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 records indicate the injured worker is a 32 year old female injured on August 17, 2009 due to pulling tires with a broken rack handle. Injuries were sustained to the pelvis, pubic bone, and stomach. The most recent progress note from the primary physician notes subjective complaints as constant pain and stiffness from mid back to left low back, radiating pain to left leg and 4th and 5th toe, with numbness and tingling; numbness and tingling felt in buttocks and hips on left side; increased pain while lifting, pushing and carrying; pain in left front hip to groin area and pubic bone. Pain level is noted to be 4/10 and increases to 9/10 on the visual analog scale. It is noted the injured worker states three Norco and one Benadryl are taken to help with sleep. The injured worker states the right knee is in constant pain, swells, locks and gives out. There is positive Apley's and McMurray's test positive as well as increased pain when kneeling and squatting down. Straight leg raise, 10 degrees left, and 40 degrees right with severe pain. Lasegue sign is positive bilaterally. There is hyperesthesia over L4, L5, and S1 dermatomes located over the left foot. Attempts for range of motion of the left hip caused pain on the involved musculature structures. Range of motion of left hip joint is passively normal. Palpation to dorsal processes, T6 to T8, 4+ tenderness; lumbar interspinous ligaments, L3 to S1, 4+ tenderness; sacroiliac areas, left, 5+ and right, 2+ tenderness; paraspinal muscles, severe myospasm palpated; kidney lodges, no tenderness; sciatic notches, left, 5+, and right, 2+ tenderness; posterior tibial nerves, left, 4+ tenderness. MRI on 4/25/14 of the thoracic spine revealed central disc protrusion at T8-T9 with no stenotic or neurological effect. MRI on 4/23/14 of the left knee revealed mild degenerative changes. Electrodiagnostic studies (EMG/NCV) dated 5/5/14, of the lower extremities show bilateral S1 radiculopathy with no other findings. MRI of the right knee, pelvis, and thoracic spine were denied in the prior UR review dated 04/15/14.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

**MRI Thoracic Spine:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178 table 8-8.

**Decision rationale:** The request for MRI of the thoracic spine is medically necessary. The claimant has T6-8 tenderness in a dermatomal distribution such that disc herniation should be verified. The findings may or may not be causally related to the work injury.

**MRI of the Pelvis:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**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 MRI.

**Decision rationale:** The documentation provided does not support the medical necessity of the pelvic MRI as requested. The injured worker has painful range of motion (ROM) but there are no indications of significant pathology to warrant imaging. Based on these reasons, the request is not medically necessary.

**MRI of the Right Knee:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

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

**Decision rationale:** The injured worker is noted to have pain with locking about the right knee on exam of 5/13/14. This is after the previous MRI of the knee of 4/13/14. Therefore the requested MRI of the knee is reasonable to assess whether there is any new internal derangements causing the locking that may be amenable to surgical correction. The findings may or may not be causally related to the industrial injury. This request is considered medically necessary.