

<b>Case Number:</b>	CM14-0054746		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	10/06/2011
<b>Decision Date:</b>	09/05/2014	<b>UR Denial Date:</b>	03/31/2014
<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 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 43-year-old female who has submitted a claim for myalgia and myositis, traumatic arthropathy in the pelvic region associated with an industrial injury date of October 6, 2011. Medical records from 2014 were reviewed, which showed that the patient complained of pain in her hip, buttock and lower back. Physical examination revealed evidence of sensory hypoesthesia in the L3, L4, L5 and S1 dermatomes on the left side as well as an absent S1 reflex on the left side and weakness in the left foot dorsiflexors. Straight leg raise test on the left was also positive. Submitted records had no mention of treatment. Utilization review from March 31, 2014 denied the request for MRI OF THE PELVIS because guideline criteria were not met.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the pelvis:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 11th Edition (web), 2013, Hip & Pelvis, MRI.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180.

**Decision rationale:** According to pages 179-180 of the ACOEM Practice Guidelines referenced by CA MTUS, imaging studies are supported for red flag conditions; physiologic evidence of tissue insult or neurologic dysfunction; failure to progress in a strengthening program; and clarification of the anatomy prior to an invasive procedure. In this case, recent pelvic radiograph did not support red flag conditions. The records also did not show evidence of neurologic dysfunction. There was also no discussion regarding failure to progress in a strengthening program or a need for anatomy clarification for a planned invasive procedure. The criteria were not met. Therefore, the request for MRI OF THE PELVIS is not medically necessary.