

Case Number:	CM14-0061609		
Date Assigned:	07/09/2014	Date of Injury:	05/25/1999
Decision Date:	08/13/2014	UR Denial Date:	04/15/2014
Priority:	Standard	Application Received:	05/02/2014

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 Orthopedic Surgeon 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 injured worker is a 69-year-old male who reported an injury on 05/25/1999. The mechanism of injury was not stated. The injured worker reportedly sustained an injury to his low back and ultimately underwent lumbar laminectomies at the L2-3 and L3-4. The injured worker was evaluated on 03/24/2014. The injured worker complained of worsening pain of the back, right leg, and pelvis. There were no physical exam findings provided at that appointment. The injured worker's diagnoses included lumbar degenerative disc disease and status post lumbar decompression. A request was made for a lumbar MRI and a pelvic MRI scan.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pelvis MRI without contrast: 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)- Low Back Procedure Summary- Indications for 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, Magnetic Resonance Imaging (MRI).

Decision rationale: The requested pelvis MRI without contrast is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not address the hip and pelvis. Official Disability Guidelines recommend MRIs for the hip and pelvis for osteoarticular or soft tissue abnormalities; osteonecrosis; occult, acute, and stress fracture; acute and chronic soft tissue injuries; and tumors. The clinical documentation submitted for review does indicate that the injured worker recently underwent surgical intervention with a postsurgical wound infection. It is noted within the documentation that the patient has ongoing pain complaints. However, there is no documentation of objective quantifiable deficits that interfere with the patient's functional capabilities and would require an imaging study. Additionally, there is no indication of any postsurgical conservative treatment of the patient's pelvis pain. There is no lab testing to support suspicion of infection. Therefore, the need for a pelvis MRI is not clearly indicated in this clinical situation. As such, the requested pelvis MRI without contrast is not medically necessary or appropriate.