

Case Number:	CM13-0022898		
Date Assigned:	11/15/2013	Date of Injury:	03/28/2011
Decision Date:	08/12/2015	UR Denial Date:	09/03/2013
Priority:	Standard	Application Received:	09/11/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, California

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 49 year old female patient who sustained an industrial injury on 3/28/11. Diagnoses include lumbosacral spine sprain and strain, right inguinal hernia and right femoral hernia. She sustained the injury due to cumulative trauma. Per the doctor's note dated 8/1/2013 she had complaints of pain into the right hip area with radiation to the waist. Per the doctor's note dated 5/2/2013 she had complaints of low back pain. The physical examination revealed tenderness to palpation over the L1 to S1 and reduced range of motion of the lumbar spine. The current medications list is not specified in the records provided. She has tried Motrin, Tramadol, Medrox patch and OTC pain medications. She has undergone hysterectomy in 7/2011. She has had lumbar MRI dated 6/11/2013 which revealed disc degeneration from L3-4 through L5-S1, elongated ovoid cystic mass in the right posterior pelvis at the S1-S2 levels measuring 2.2 x 2 x 7 cm may represent a focal seroma/lymphocele, further evaluation with pelvic ultrasound or pelvic MRI suggested. A request for MRI of pelvic area was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of Pelvic: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Hip and Pelvis (updated 6/12/13), 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) Chapter: Hip & Pelvis (updated 10/09/14) MRI (magnetic resonance imaging).

Decision rationale: ODG guidelines recommends Hip/pelvis MRI for "Osseous, articular or soft-tissue abnormalities, Osteonecrosis, Occult acute and stress fracture, Acute and chronic soft-tissue injuries and Tumors." Per the records provided patient had pain into the right hip area with radiation to the waist. She had a lumbar MRI dated 6/11/2013 which revealed disc degeneration from L3-4 through L5-S1, elongated ovoid cystic mass in the right posterior pelvis at the S1-S2 levels measuring 2.2 x 2 x 7 cm which may represent a focal seroma/lymphocele, further evaluation with pelvic ultrasound or pelvic MRI suggested. Evaluation with a MRI pelvis is medically appropriate to evaluate the pelvic mass, seroma/lymphocele. The request of MRI of pelvic is medically appropriate and necessary for this patient.