

Case Number:	CM14-0111271		
Date Assigned:	09/16/2014	Date of Injury:	10/18/2012
Decision Date:	02/27/2015	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	07/15/2014

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. 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: California

Certification(s)/Specialty: Physical Medicine & Rehabn

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 38 year old male was a security guard when he sustained an injury on October 18, 2012. He was hit in the lower back and left leg by a truck. He was pinned between the truck and a car, and then fell to the ground. He reported immediate head, neck, lower back, bilateral leg, and abdominal pain. He blurred vision, also. Diagnoses were left thigh contusion status post blunt trauma, back pain, and atypical chest pain. Initial treatment included x-rays, anti-inflammatory medications, a pain injection and oral pain medication, and off work. Additional past treatment included additional diagnostic studies, pain and anti-inflammatory medications, and physical therapy. An MRI of lumbar spine revealed abnormalities of the lumbar spine. The injured worker underwent three epidural injections, which were not helpful. On May 28, 2014, the treating physician noted the injured worker complained of lumbar spine pain of 8-9/10. There was radiating of the pain down to the bilateral lower extremities, primarily on the left, with numbness, tingling, and sharp pain. The pain was aggravated by prolonged walking, bending at the waist, heavy lifting, and lying down. He had difficulty sleeping and finding a comfortable position. He had difficulty with his activities of daily living. The physical exam of the lumbar spine revealed moderately decreased range of motion, mildly decreased strength of the left iliopsoas and quadriceps muscles due to pain, absent quadriceps deep tendon reflexes bilaterally, and decreased deep tendon reflexes of the Achilles' muscles bilaterally, and normal sensation of bilateral lower extremities. The physician noted x-rays of the lumbar spine and pelvis revealed disc space narrowing at L5-S1, and an MRI of the lumbar spine revealed disc space narrowing and sacrilization of L5-S1, disc desiccation at L2-L3, L3-L4, and L4-L5. An annular tear was

revealed at the L2-L3 level. Currently medications include anti-hypertensive, anti-platelet, and pain medications. Diagnoses were lumbosacral sprain/strain, pelvic imbalance probable sacroilitis, and rule out intraarticular hip abnormality. Other diagnoses included hypertension and rapid heartbeat. The physician recommended an MRI of the right hip and pelvis, a bone scan with SPECT images of the lumbar spine and pelvis, and EMG (electromyography)/NCS (nerve conduction study) of bilateral lower extremities. Current work status is temporarily totally disabled. On June 11, 2014, Utilization Review non-certified a request for an MRI of the pelvis and right hip requested on June 10, 2014. The MRI was non-certified based on lack of evidence of osseous, articular or soft tissue abnormalities; osteonecrosis; occult, acute and stress fracture; acute and chronic soft tissue injuries; and tumors as recommended by the applicable guidelines. The documentation stated that x-rays demonstrated disc space narrowing and sacralization of L5-S1 and no evidence of acute boney injuries or fractures of the pelvis. The Official Disability Guidelines (ODG), Treatment Index, 11th edition (Web), 2013, Hip & Pelvis/MRIs: Indications for imaging -Magnetic Resonance Imaging (MRI) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI PELVIS/RIGHT HIP: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation hip and pelvis chapter on MRI

Decision rationale: This patient presents with lumbar spine pain radiating to the lower extremities. The treater is requesting an MRI OF THE PELVIS/RIGHT HIP. The MTUS and ACOEM Guidelines do not address this request. However, ODG Guidelines under the hip and pelvis chapter on MRI states, recommended as indicated below. MRI is the most accepted form of imaging for finding avascular necrosis of the hip and osteonecrosis. MRI is both highly sensitive and specific for the detection of many abnormalities involving the hip or surrounding soft tissues and should, in general, be the first imaging technique employed following plain films. Indicators include osseous, articular, or soft tissue abnormalities; osteonecrosis; occult, acute, and stress fracture; acute and chronic soft tissue injuries; and tumors. The records do not show any previous MRI of the pelvis/right hip. The 04/14/2014 report shows lumbar spine stiffness, spasm with a positive straight leg raise and radiculopathy to the right lower extremity. Aside from tenderness along the superior iliac crest and bilateral sacroiliac joint, and measurement of range of motion, none of the reports provide an examination of the right hip. There is no suspicion of tumor, other soft tissue abnormalities, and no suspicion of intraarticular hip joint pathology. The request IS NOT medically necessary.