

<b>Case Number:</b>	CM15-0009835		
<b>Date Assigned:</b>	01/29/2015	<b>Date of Injury:</b>	04/07/2014
<b>Decision Date:</b>	03/18/2015	<b>UR Denial Date:</b>	12/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/16/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 61-year-old male, who sustained an industrial injury on 4/7/14. He has reported injuries to the head, right elbow, right buttocks, right knee, and lumbar spine. The diagnoses have included Thoracic or lumbosacral neuritis or radiculitis and enthesopathy of hip region. Treatment to date has included physical therapy, acupuncture, and medications. Currently, the injured worker complains of pain in right hip and tailbone with radiation to the right thigh and knee. X-rays and (MRI) magnetic resonance imaging have been performed in the past; there are no records to support this. Coccyx tenderness of L5-S1 is noted with pain and limited range of motion of lumbosacral area, noted improvement with acupuncture. On 12/22/14 Utilization Review non-certified (MRI) magnetic resonance imaging of right hip, right knee, hip and pelvis musculature and coccyx, noting (MRI) magnetic resonance imaging of right hip, right knee, hip and pelvis musculature and coccyx, noting lack of documentation to support medical necessity. The MTUS, ACOEM Guidelines, ODG, and Non-MTUS guidelines were cited. On 1/13/15, the injured worker submitted an application for IMR for review of (MRI) magnetic resonance imaging of right hip, right knee, hip and pelvis musculature and coccyx.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the Hip and Pelvis Musculature:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Hip and Pelvis, MRI (magnetic resonance imaging)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back-Lumbar & Thoracic (Acute & Chronic), MRIs (magnetic resonance imaging): Indications for imaging

**Decision rationale:** The claimant is more than 6 months status post work-related injury and continues to be treated for chronic right pelvic, buttock, knee, and radiating low back pain. Testing has included an MRI of the lumbar spine in May 2014 showing multilevel degenerative disc disease without fracture or suspicious lesions. Applicable criteria for obtaining an MRI would include a history of trauma with neurological deficit and when there are 'red flags' such as suspicion of cancer or infection or when there is radiculopathy with severe or progressive neurologic deficit. In this case, there is no identified new injury. There are no identified 'red flags' or radiculopathy with severe or progressive neurologic deficit that would support the need for obtaining an MRI scan of the lumbar spine.

**MRI of the Right Knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation ODG, Knee and Leg, MRI (magnetic resonance imaging)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee & Leg (Acute & Chronic) - MRIs (magnetic resonance imaging)

**Decision rationale:** The claimant is more than 6 months status post work-related injury and continues to be treated for chronic right pelvic, buttock, knee, and radiating low back pain. When seen by the requesting provider, there were no findings that would suggest a ligamentous or meniscal injury. There was normal range of motion with right knee creptitus. Applicable criteria for obtaining an MRI of the knee include acute trauma or suspected internal arrangement neither of which is present in this case. Therefore, the requested MRI is not medically necessary.

**MRI of the Right Hip:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Hip and Pelvis, MRI (magnetic resonance imaging)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Hip & Pelvis (Acute & Chronic) - MRI (magnetic resonance imaging)

**Decision rationale:** The claimant is more than 6 months status post work-related injury and continues to be treated for chronic right pelvic, buttock, knee, and radiating low back pain. When seen by the requesting provider, there was a normal hip examination. Applicable criteria for obtaining an MRI of the hip include tissue abnormalities or soft tissue injuries. The scan is being requested to evaluate clinical complaints consistent with a meralgia paresthetica. An MRI scan of the hip would not be the appropriate test to evaluate for this condition. Therefore, the requested MRI scan is not medically necessary.

**MRI of the Coccyx:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Hip and Pelvis, MRI (magnetic resonance imaging)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back-Lumbar & Thoracic (Acute & Chronic), MRIs (magnetic resonance imaging): Indications for imaging

**Decision rationale:** The claimant is more than 6 months status post work-related injury and continues to be treated for chronic right pelvic, buttock, knee, and radiating low back pain. Testing has included an MRI of the lumbar spine in May 2014 showing multilevel degenerative disc disease without fracture or suspicious lesions. Applicable criteria for obtaining an MRI would include a history of trauma with neurological deficit and when there are 'red flags' such as suspicion of cancer or infection or when there is radiculopathy with severe or progressive neurologic deficit. In this case, there is no identified new injury. There are no identified 'red flags' or radiculopathy with severe or progressive neurologic deficit that would support the need for obtaining an MRI scan of the lumbar spine.