

Case Number:	CM15-0144232		
Date Assigned:	08/05/2015	Date of Injury:	03/23/2015
Decision Date:	09/09/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/24/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 51 year old female who sustained an industrial injury on 3-23-15, where she slipped and fell onto her back. Her initial symptom was constant low back pain, which she described as "dull" and "Moderately severe and extremely severe". Pain lessened with rest and changing positions. She reported that symptoms worsened with prolonged standing. She denied that the pain radiated, however, complains that she has limited motion of her back. X-rays of the lumbar spine, sacrum and coccyx were obtained and interpreted to be within normal limits. She was diagnosed with coccygodynia, contusion of the lower back, sprain, strain of the coccyx, and sprain, strain of the lumbar spine. She was treated conservatively with cold and heat, as well as a lumbar-sacro support. A cushion was recommended for relief of coccygeal pain while sitting. She was prescribed medications and referred to physical therapy. Physician records dated 4-7-15 indicate that she is "responding well to physical therapy". On 4-1-3-15, she was, again, seen by the treating physician for a "change in condition". In addition to noted pain, she complained of dull pain in her right ankle, indicating that it was "moderately severe". She reported having the symptoms for "21 days". Symptoms are exacerbated by weight bearing and lessened by rest. She reported that there was swelling of the affected ankle. An x-ray was obtained. The interpretation was "normal", however, the x-ray report impression states that there was "lateral soft tissue swelling suggesting sprain". She was provided an ankle support air cast and instructed to continue with physical therapy. A lumbosacral and coccygeal MRI was ordered. Documentation on 4-27-15 indicates that the MRI was denied by the insurance carrier. The physician documented that the MRI was ordered to rule out stress fracture versus a disc

protrusion. An orthopedic consultation was requested. As of 5-28-15, authorization for the MRI nor the orthopedic consultation had been approved. Chiropractic therapy evaluation and treatment was ordered. On 6-4-15, additional physical therapy was ordered. The injured worker's symptoms remained unchanged. She was seen by an orthopedic surgeon on 6-17-15. A lumbar MRI was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (magnetic resonance imaging) Spine & Pelvis: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): table 12-7.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and Pelvis Chapter, under MRI.

Decision rationale: The 51 year old patient complains of low back pain, and has been diagnosed with lower back contusion, coccyx sprain/strain, and lumbar sprain/strain, as per progress report dated 06/23/15. The request is for MRI (Magnetic Resonance Imaging) Spine & Pelvis. The RFA for this case is dated 06/08/15, and the patient's date of injury is 03/23/15. Medications included Nabumetone, Orphanedrine, and Tramadol/acetaminophen, as per progress report dated 06/23/15. As per progress report dated 06/17/15, x-ray of the lumbar spine dated 04/13/15 revealed lumbar facet degenerative disc disorder along with lower end plate thoracic spurs. X-ray of the sacrum and coccyx dated 03/27/15 did not reveal any acute findings. The patient is working without restrictions, as per progress report dated 06/23/15. ACOEM Guidelines, chapter 8, page 177 and 178, state "Unequivocal objective findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option". ODG Guidelines, chapter Lower back - Lumbar & Thoracic (Acute & Chronic)' and topic 'Magnetic resonance imaging (MRIs)' does not support MRIs unless there are neurologic signs/symptoms present. Repeat MRI's are indicated only if there has been progression of neurologic deficit. ODG Guidelines, Hip and Pelvis Chapter, under 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. In this case, the patient has not had an MRI in the past. The request for this imaging study is noted in multiple progress reports. In progress report dated 06/23/15, the treater states that MRI of the lumbar spine and coccygeal spine will help "evaluate for disc protrusions / radicular component." As per the same report, the patient suffers from lower back pain, and while sensation to light touch is intact, straight leg raise is positive bilaterally. In progress report dated 06/17/15, the treater states that "non-anatomic findings of decreased sensation and numbness in right lower extremity best worked up with an MRI." The treater is requesting for the

diagnostic study to "rule out any objective radicular component". In the same report, the treater states that the patient has diminished light touch in the stocking pattern throughout the right lower extremity up to the hip. ACOEM also supports the use of MRIs in patients with lower back pain and neurologic deficits. Hence, the request for MRI of the lumbar spine appears reasonable. However, there is no indication of osseous, articular, or soft tissue abnormalities; osteonecrosis; occult, acute, and stress fracture; acute and chronic soft tissue injuries; and tumors for which MRI of the pelvis is recommended by ODG. Furthermore, X-ray of the sacrum and coccyx dated 03/27/15 did not reveal any acute findings either. Therefore, the request for MRI spine & pelvis is not medically necessary.

CT (computed tomography) Spine & 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: Hip & Pelvis (Acute & Chronic) - Computed tomography (CT) scans.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back Chapter under CT scans of the lumbar spine Hip and Pelvis Chapter, under CT (computed tomography).

Decision rationale: The 51 year old patient complains of low back pain, and has been diagnosed with lower back contusion, coccyx sprain/strain, and lumbar sprain/strain, as per progress report dated 06/23/15. The request is for CT (Computed Tomography) Spine & Pelvis. The RFA for this case is dated 06/08/15, and the patient's date of injury is 03/23/15. Medications included Nabumetone, Orphanedrine, and Tramadol/acetaminophen, as per progress report dated 06/23/15. As per progress report dated 06/17/15, x-ray of the lumbar spine dated 04/13/15 revealed lumbar facet degenerative disc disorder along with lower end plate thoracic spurs. X-ray of the sacrum and coccyx dated 03/27/15 did not reveal any acute findings. The patient is working without restrictions, as per progress report dated 06/23/15. ODG guidelines, Low back Chapter under CT scans of the lumbar spine states: "Not recommended except for indications below for CT. Magnetic resonance imaging has largely replaced computed tomography scanning in the noninvasive evaluation of patients with painful myelopathy because of superior soft tissue resolution and multiplanar capability. Indications for imaging: Thoracic spine trauma: equivocal or positive plain films, no neurological deficit; Thoracic spine trauma: with neurological deficit- Lumbar spine trauma: trauma, neurological deficit; Lumbar spine trauma: seat belt chance fracture Myelopathy neurological deficit related to the spinal cord, traumatic Myelopathy, infectious disease patient; Evaluate pars defect not identified on plain x-rays; Evaluate successful fusion if plain x-rays do not confirm fusion." ODG Guidelines, Hip and Pelvis Chapter, under CT (computed tomography) states: "Recommended as indicated below. Computed tomography (CT) reveals more subchondral fractures in osteonecrosis of the femoral head than unenhanced radiography or MR imaging". Indicators included sacral insufficiency fractures, suspected osteoid osteoma, Subchondral fractures, and Failure of closed reduction. In this case, none of the progress reports discuss the purpose of a CT scan specifically. In fact, the RFA combines MRI/CT as a single request. The patient suffers from lower back pain with positive straight leg raise bilaterally, as per progress report dated 06/23/15. In progress report dated 06/17/15, the treater states that the patient has diminished light touch in the stocking

pattern throughout the right lower extremity up to the hip. The patient has some neurological deficit along with lumbar contusion and may be a candidate for lumbar CT scan. However, there is no indication for sacral insufficiency fractures, suspected osteoid osteoma, subchondral fractures, and failure of closed reduction for which pelvic CT scan is recommended. Hence, the request for CT spine & Pelvis is not medically necessary.