

<b>Case Number:</b>	CM15-0144709		
<b>Date Assigned:</b>	08/05/2015	<b>Date of Injury:</b>	01/30/2014
<b>Decision Date:</b>	09/02/2015	<b>UR Denial Date:</b>	07/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/27/2015

### 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: Arizona, 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:

The injured worker is a 57 year old female, who sustained an industrial injury on 1-30-2014. The mechanism of injury is unknown. The injured worker was diagnosed as having left pubic superior and inferior ramus fracture, lumbar radiculopathy secondary to a herniated lumbar disc, cervical sprain-strain and compression fracture at thoracic 12. There is no record of a recent diagnostic study. Treatment to date has included acupuncture, physical therapy and medication management. In a progress note dated 6-9-2015, the injured worker complains of low back pain with bilateral lower extremity numbness, neck stiffness radiating over bilateral shoulder and intermittent headaches. Physical examination showed cervical lumbar and thoracic paraspinal tenderness and decreased range of motion. The treating physician is requesting pelvis magnetic resonance imaging.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of 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 (ODG), Hip & Pelvis.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) HIP chapter and pg 21.

**Decision rationale:** According to the ODG guidelines, MRI is indicated for the following:  
Osseous, articular or soft-tissue abnormalities  
Osteonecrosis  
Occult acute and stress fracture  
Acute and chronic soft-tissue injuries  
Tumors  
Exceptions for MRI  
Suspected osteoid osteoma (See CT)  
Labral tears (use MR arthrography)  
According to the ACOEM guidelines, an MRI of the lumbar spine is recommended for red flag symptoms such as cauda equina, tumor, infection, or uncertain neurological diagnoses not determined or equivocal on physical exam. There were no red flag symptoms. There was no plan for surgery. The request for an MRI of the lumbar /pelvic spine to evaluate disc pathology is not medically necessary.