

<b>Case Number:</b>	CM15-0167412		
<b>Date Assigned:</b>	09/08/2015	<b>Date of Injury:</b>	07/24/2015
<b>Decision Date:</b>	10/07/2015	<b>UR Denial Date:</b>	08/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2015

### 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: New Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

### 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 50-year-old male, who sustained an industrial injury on 7-24-15. He reported injury to the right shoulder, right ankle and re-injury to the low back after a fall and heavy lifting. The diagnoses included lumbar radiculopathy, right shoulder sprain-strain, right ankle sprain-strain, and lumbar disc displacement, status post open reduction internal fixation (ORIF) of the right ankle. Treatment to date has included activity modification, ankle brace, anti-inflammatory, muscle relaxant, opioid, and physical therapy. Currently, he complains of extreme pain in the low back, right shoulder, and ankle. On 7-27-15, the physical examination documented lumbar tenderness and muscle spasms. The Patrick-Fabre test of the sacroiliac joint was positive. The plan of care included a request to authorize a CT scan of the spine and pelvis, MRI of the spine and pelvis, and CT scan of the pelvis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CT of the spine:** 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:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

**Decision rationale:** According to MTUS guideline, CT scan of the lumbar spine is able to identify low back pathology in case of disc protrusion, spinal stenosis, post laminectomy syndrome and Cauda Equina syndrome. CT or MRI of the back is indicated when cauda equina tumor, infection, or fracture are strongly suspected and plain film radiographs are negative. There is no documentation supporting that the patient developed a serious condition or any of the conditions mentioned above or have a dramatic change of his condition requiring an imaging study. Therefore, the request for a CT scan of lumbar spine is not medically necessary.

**MRI of the 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.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MRI (magnetic resonance imaging). <http://www.odg-twc.com/index.html>.

**Decision rationale:** According to ODG guidelines, MRI of the pelvis is indicated in case of avascular necrosis of the hip and osteonecrosis. Indications for imaging Magnetic resonance imaging: 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 unless optimized hip protocol and MRI with 3.0-T magnets). There is no documentation that the patient is suffering from any avascular necrosis of the hip. Furthermore, there is no documentation that the patient is suspected to have a tumor, fractures or any of the conditions mentioned above. Therefore, the request for MRI of the pelvis is not medically necessary.

**CT of the pelvis:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The American College Radiology.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation CT (computed tomography). <http://www.odg-twc.com/index.html>.

**Decision rationale:** According to ODG guidelines, pelvic CT scan is indicated in case: Indications for imaging Computed tomography: Sacral insufficiency fractures. Suspected osteoid osteoma. Subchondral fractures. Failure of closed reduction. There is no documentation that the patient is suspected of Sacral insufficiency fractures, osteoid osteoma, Subchondral fractures or failure of closed reduction. Therefore, the request for CT of the pelvis is not medically necessary.