

Case Number:	CM15-0196782		
Date Assigned:	10/12/2015	Date of Injury:	07/31/2015
Decision Date:	11/25/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	10/06/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for low back, hip, and pelvic pain reportedly associated with an industrial injury of July 31, 2015. In a Utilization Review report dated September 14, 2015, the claims administrator failed to approve a request for MRI imaging of the hip, pelvic, and lumbar spine. The claims administrator referenced an August 18, 2015 progress note and an associated RFA form of the same date in its determination. The applicant's attorney subsequently appealed. On August 18, 2015, the applicant reported ongoing complaints of hip and low back pain, moderate to severe. Radiation of the low back pain to the left thigh was reported. The applicant had completed one section of manipulative therapy. It was stated in another section that the applicant was working with restrictions in place. The applicant's medication list included Flexeril and Relafen. The applicant exhibited tenderness about the left paraspinal musculature but did not apparently exhibit symmetric reflexes, without any weakness of the lower extremities. The applicant exhibited diagnoses of sprain and strain of the lumbar spine and pain of hip. Medrol, Flexeril, Relafen, and work restrictions were endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Left Hip/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 and Pelvis Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Hip and Groin Disorders, pg. 43 Recommendation: MRI for Routine Evaluation of Acute, Subacute, Chronic Hip Joint Pathology.

Decision rationale: No, the request for MRI imaging of the hip and pelvis was not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic. However, the Third Edition ACOEM Guidelines Hip and Groin Disorders Chapter notes that MRI imaging is not recommended in the routine evaluation of acute or subacute hip joint pathology, as was seemingly present here on or around the date of the request, August 18, 2015, following an industrial injury of July 31, 2015. The attending provider failed to furnish much in the way of a supporting rationale for the request. The fact that multiple MRI studies of the hip, pelvis, and lumbar spine were all concurrently ordered on the same date of service, August 18, 2015, strongly suggested that such studies had in fact been ordered for routine evaluation purposes, without any clearly formed intention of acting on the results of the same. The attending provider did not furnish a clear differential diagnosis list. It was not stated precisely what was suspected insofar as the hip and pelvis were concerned. It was not stated how (if any) said hip and/or pelvis MRIs would influence or alter the treatment plan. Therefore, the request was not medically necessary.

MRI Lumbar Spine Without Contrast: 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), Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Diagnostic Criteria, Special Studies.

Decision rationale: Similarly, the request for MRI imaging of the lumbar spine was likewise not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, page 304, imaging studies should be reserved for cases in which surgery is being considered or red flag diagnoses are being evaluated. Here, however, there was no mention of the applicant's willingness to consider any kind of surgical intervention involving the lumbar spine based on the outcome of the study as of the date in question, August 18, 2015. The applicant was described as exhibiting normal lower extremity motor function on that date. It did not appear that the applicant had any red flag diagnoses or red flag symptoms present which would have compelled earlier lumbar MRI imaging. While the MTUS Guideline in ACOEM Chapter 12, Table 12-4, page 296 notes that imaging studies for radiculopathy are not indicated if reported symptoms of neurocompression are severe or progressive, here, however, the claimant was approximately two to three weeks removed from the date of injury as of the date of the request. The applicant's well-preserved lower extremity motor function on August 18, 2015 argued against the presence of any severe neurocompression. Therefore, the request was not medically necessary.

