

<b>Case Number:</b>	CM15-0197402		
<b>Date Assigned:</b>	10/12/2015	<b>Date of Injury:</b>	12/14/2013
<b>Decision Date:</b>	11/19/2015	<b>UR Denial Date:</b>	09/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2015

### 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: Connecticut, California, Virginia  
 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 injured worker is a 43 year old female, who sustained an industrial-work injury on 12-14-13. A review of the medical records indicates that the injured worker is undergoing treatment for lumbago, right sacroiliitis, lumbar fissuring and sclerosis of the iliac portion of the right sacroiliac joint. Treatment to date has included pain medication including Tramadol, diagnostics, refused acupuncture, neurosurgeon consult, and other modalities. The physician indicates that the Magnetic Resonance Imaging (MRI) of the lumbar spine dated 8-25-14 reveals degenerative changes only. The report is not noted. Magnetic resonance imaging (MRI) of the sacrum and coccyx dated 9-10-15 reveals normal sacrum and coccyx. X-Ray of the bilateral hips dated 7-20-15 reveals no fractures or dislocations. X-ray of the sacrum and coccyx dated 7-20-15 reveals no abnormalities. Medical records dated (3-20-15 to 8-31-15) indicate that the injured worker complains of right hip pain with muscle locking and sharp pain rated 4-9 out of 10 depending on activity. She also complains of lumbar spine pain at the coccyx and sacrum area that is sharp, tingling and stabbing and rates the pain 9 out of 10 on the pain scale. The pain is unchanged. Per the treating physician report dated 8-31-15 the injured worker may return to modified work. The physical exam dated 8-31-15 reveals lumbar spine has decreased range of motion and positive heel walk. The right hip has full range of motion with pain. The physician indicates that due to the continued complaints of high level of pain and complaints of numbness and tingling and stabbing pain, Magnetic Resonance Imaging (MRI) of the coccyx and sacrum is recommended. The request for authorization date was 8-31-15 and requested service included Right Hip Magnetic Resonance Imaging (MRI) with Coccyx and Sacrum. The original Utilization review

dated 9-17-15 non-certified the request for Right Hip Magnetic Resonance Imaging (MRI) with Coccyx and Sacrum.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Right Hip MRI with Coccyx and Sacrum:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation odg hip, MRI.

**Decision rationale:** MRI/MRA is recommended in cases of acute injury as a next step after x-rays when suspicion is high for fracture, etc. In this case, there is no clear indication of worsening symptoms or objective clinical findings that warrant MRI imaging, particularly as the request comes with full range of motion on physical exam without antalgic gait. However, given the persistence of symptoms without clear explanation and ability to rule out hip pathology, MRI imaging may become an appropriate option. Therefore, the request is considered medically appropriate at this time in order to rule out pathology not appreciated on plain films.