

Case Number:	CM15-0222972		
Date Assigned:	11/19/2015	Date of Injury:	07/31/2015
Decision Date:	12/30/2015	UR Denial Date:	11/03/2015
Priority:	Standard	Application Received:	11/13/2015

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

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 50 year old female who sustained an industrial injury on July 31, 2015. The worker is being treated for: lumbosacral sprain, strain and spasm; left sciatica, and probable herniated nucleus pulposus lumbar spine. Subjective: August 2015 at follow up she reported PT sessions participating and "noticeable improved." She stated about 25% improved as no radiating pain. September 02, 2015 she reported complaint of buttock pain, deep left groin pain, and numbness down the left leg and behind the knee with associated calf tightness and numbness into the foot. She reported having stopped walking and running for exercise due to pain but can still do the elliptical machine. Objective: September 02, 2015 noted the patient walking with antalgic gait and noted tenderness to palpation at L3 and L5 paraspinal muscles, left side extending into the left buttock. She is noted with decreased sensation to light touch in the left great toe. Diagnostic: September 19, 2015 MRI lumbar spine. Medication: September 2015: Ibuprofen, Robaxin, and Myoflex cream. Treatment: ice therapy, and HEP stretching program, medication, modified work duty; October 2015 POC with request for PT session piriformis stretching, returning to regular work duty. On October 27, 2015 a request was made for MRI of hip and pelvis that was noncertified and physical therapy 12 sessions for lumbar spine left piriformis that was modified by Utilization Review on November 03, 2015.

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: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and Pelvis, MRI.

Decision rationale: The MTUS Guidelines do not clearly address MRI for the hip joint. The ODG, however, states that hip MRI is the most accepted form of imaging for finding avascular necrosis and osteonecrosis as well as for the next step after x-ray for the evaluation of occult hip fracture. Hip MRI may also be considered in settings of suspected tumors, acute and chronic soft-tissue injuries, or osseous, articular or soft-tissue abnormalities. Osteoid osteomas are best seen with CT, not MRI, and labral tears are best seen with MR arthrography unless optimized hip protocol and MRI with 3.0-T magnets. In the case of this worker, the provider and worker requested MRI of the left hip/pelvis looking for neurological compromise to help explain the persistent sciatica-like symptoms. However, all documented evidence and opinion points to persistent sciatica related to spasm of piriformis/glut area. No evidence provided suggested any abnormality of the hip joint, and no evidence suggested any unusual circumstances such as tumor or other soft tissue abnormality to warrant MRI of the area. Therefore, this request for MRI of the left hip/pelvis is not medically necessary and not likely to lead to different treatment.

Physical therapy 3 times a week for 4 weeks lumbar spine/left Piriformis: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: Physical therapy in the form of passive therapy for the lower back and hip is recommended by the MTUS Guidelines as an option for chronic lower back pain during the early phases of pain treatment and in the form of active therapy for longer durations as long as it is helping to restore function, for which supervision may be used if needed. The MTUS Guidelines allow up to 9-10 supervised physical therapy visits over 8 weeks for lower back or hip pain. The goal of treatment with physical therapy is to transition the patient to an unsupervised active therapy regimen, or home exercise program, as soon as the patient shows the ability to perform these exercises at home. The worker, in this case, had been seeing a physical therapist regularly for low back/piriformis area (sciatica) leading up to this request for an extension. Based on the notes provided for review, as much as 22 sessions were counted as completed up to this point. Also, the worker documented that physical therapy was no very helpful. Additional supervised physical therapy is not medically necessary, as there was no report of not being capable of performing home exercises and stretches, which should be the main method of therapy at this point months after injury and after multiple supervised sessions.