

Case Number:	CM15-0031484		
Date Assigned:	02/24/2015	Date of Injury:	10/22/2014
Decision Date:	04/16/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	02/19/2015

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: North Carolina, Georgia
 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 64 year old female who sustained a work related injury October 14, 2014. While moving a ring stand, it fell over and she fell as well, with her back hitting against a doorjamb with sudden deep burning across the back with twisting and contusing both elbows and knees. She was diagnosed with lumbar sprain; cervical degenerative disc/joint disease; lumbar disc/joint disease with past history of sciatica; right knee non-industrial arthritis post arthroscopy with medial compartment arthritis and bilateral lower extremity contusions. She was treated with medication, ketorolac injection left lumbosacral region and left side and physical therapy. According to a treating physician's report dated January 2, 2015, the injured worker presented with continued complaints of low back, sacral, coccyx, and pelvic pain that increases with standing and walking and with minimal bending and twisting. She has been authorized for acupuncture, massage and pain management. An expedited request for authorization was made for pelvic and lumbar MRI's to rule out possible sacral fracture. According to utilization review dated January 29, 2015, the request for Pelvic MRI is non-certified, citing Official Disability Guidelines (ODG), Hip & Pelvis MRI. The request for Lumbar MRI is non-certified, citing MTUS ACOEM Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar MRI: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation AIM Specialty Health. Appropriate use criteria: imaging of the spine. Chicago (IL): AIM Specialty Health; 2013 Nov 14. 28 p. [50 references].

Decision rationale: ACOEM chapter on back complaints describes that MRI is indicated when there are unequivocal objective findings of specific nerve compromise in a person, with symptoms who do not respond to treatment and for whom surgery would be a reasonable intervention. The request in this case is for MRI of lumbar spine for concern of occult fracture after significant wrenching trauma. There is persistence of pain and there has been failure of adequate conservative interventions. Plain radiographs were unrevealing. The AIM criteria for appropriate use of spinal imaging indicate that MRI is the preferred modality for fracture investigation when plain x rays are negative but persistent symptoms still raise concern for occult fracture. I am overturning the original UR decision; lumbar MRI is medically indicated in this case.

Pelvic MRI: 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) Hip & Pelvis, MRI.

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

Decision rationale: ACOEM chapter on back complaints describes that MRI is indicated when there are unequivocal objective findings of specific nerve compromise in a person, with symptoms who do not respond to treatment and for whom surgery would be a reasonable intervention. The request in this case is for MRI of pelvis (in addition to a separately requested lumbar MRI) for concern of occult fracture after significant wrenching trauma. There is persistence of pain and there has been failure of adequate conservative interventions. Plain radiographs were unrevealing. The ODG section of hip/pelvis indicates that MRI is an appropriate imaging choice for concerns of occult fracture. MRI of pelvis is medically indicated.