

<b>Case Number:</b>	CM15-0047805		
<b>Date Assigned:</b>	03/19/2015	<b>Date of Injury:</b>	08/07/2014
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/13/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 51 year old female, who sustained an industrial injury on 8/7/2014. The current diagnoses are lumbar strain, S1 radiculitis, and left hip strain. According to the progress report dated 1/30/2015, the injured worker complains of pain in the left hip, groin, and left leg extending all the way down to her left foot. Additionally, she reports tingling and cramping of the calf and lateral part of the foot. The pain is described as intermittent, sharp, pins and needles, and tingling. The pain is rated 5/10 on a subjective pain scale. Per notes, she currently takes no medications. Treatment to date has included X-rays/MRI of the left hip and physical therapy. The plan of care includes 6 chiropractic sessions and MRI/CT of the lumbar spine and pelvis. The MRI 10/19/14 of the left hip appeared normal and the right hip and pelvis appear normal. The x-ray of the left hip 2 views revealed mild degenerative spurring over the groin and that area of the joint. This was dated as read on 8/8/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI/CT of the spine and pelvis - L/S QTY: 1.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304. Decision based on Non-MTUS Citation Official Disability Guidelines, Hip & Pelvis: Indications for Imaging - Computed tomography.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back- MRIs (magnetic resonance imaging) and Hip and Pelvis: CT (computed tomography).

**Decision rationale:** MRI/CT of the spine and pelvis - L/S QTY: 1.00 is not medically necessary per the MTUS and the ODG Guidelines. The MTUS recommends imaging studies be reserved for cases in which surgery is considered, or there is a red-flag diagnosis. The guidelines state that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment. The ODG recommends a lumbar MRI when there is a suspected red flag condition such as cancer or infection or when there is a progressive neurologic deficit. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation). The documentation submitted does not reveal progressive neurologic deficits, or a red flag diagnoses. The MTUS does not specifically address pelvic imaging but states that the indications for pelvic CT would be suspicion of sacral insufficiency fractures; suspected osteoid osteoma; subchondral fractures and failure of closed reduction. The documentation reveals that prior MRI imaging of the pelvis/hip were unremarkable. The documentation does not reveal red flag findings or suspicion of the ODG criteria for pelvic CT. The documentation is not clear on the outcome of patient's physical therapy and the MTUS also does not support MRI without observing whether or not there is a response to conservative treatment. For all of these reasons the request for MRI/CT of the spine and pelvis - L/S QTY: 1.00 is not medically necessary.

**Chiropractic treatment QTY: 6.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-60.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60.

**Decision rationale:** Chiropractic treatment QTY: 6.00 is not medically necessary per the MTUS Guidelines. The MTUS supports chiropractic treatment for the low back with a trial of 6 visits over 2 weeks, and with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. At this point there is no documentation that the patient has failed physical therapy and therefore additional treatments such as chiropractic therapy would not be medically necessary.

