

Case Number:	CM15-0053966		
Date Assigned:	03/27/2015	Date of Injury:	06/05/2014
Decision Date:	05/11/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	03/22/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 57-year-old female, who sustained an industrial injury on 6/5/14. The injured worker has complaints of low back and right knee pain. The diagnoses have included osteoarthritis of right knee; back pain and lumbar radiculopathy. Treatment to date has included physical therapy; tramadol and ibuprofen; X-rays right knee, right hip and thoracic lumbar; magnetic resonance imaging (MRI) on the knee and lumbar spine and electromyography right lower extremity. The request was for magnetic resonance imaging (MRI) of the right hip and lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic Resonance Imaging (MRI) of the right hip: 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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Hip & Pelvis (Acute & Chronic) Chapter under MRI (magnetic resonance imaging).

Decision rationale: Based on the 11/14/14 progress report provided by treating physician, the patient presents with low back pain that radiates to the right leg, and right knee pain. The request is for MAGNETIC RESONANCE IMAGING (MRI) OF THE RIGHT HIP. The patient is status post right knee arthroplasty 11/18/14. RFA not provided. Patient's diagnosis on 11/14/14 includes back pain, lumbar radiculopathy, and osteoarthritis of right knee. MRI of the lumbar spine on 08/04/14 revealed degenerative changes in lumbar spine with degenerative disc disease at L4-5. MRI of the lumbar spine dated 02/17/14 was also provided. Treatment to date has included physical therapy, imaging and electro diagnostic studies, and medications. Patient's medications include Tramadol and Ibuprofen. The patient is off-work, but released to return to work with restrictions, per treater report dated 11/14/14. MTUS and ACOEM Guidelines do not address this request. ODG-TWC, Hip & Pelvis (Acute & Chronic) Chapter under MRI (magnetic resonance imaging) states: "Recommended as indicated below. MRI is the most accepted form of imaging for finding avascular necrosis of the hip and osteonecrosis. MRI is both highly sensitive and specific for the detection of many abnormalities involving the hip or surrounding soft tissues and should, in general, be the first imaging technique employed following plain films." "Indications for imaging-Magnetic resonance imaging: Osseous, articular or soft-tissue abnormalities. Osteonecrosis Occult acute and stress fracture. Acute and chronic soft-tissue injuries. Tumors Exceptions for MRI. Suspected osteoid osteoma (See CT) Labral tears (use MR arthrography unless optimized hip protocol and MRI with 3.0 T magnets)"Based on provided medical records, it does not appear patient had prior MRI of the hip. 11/14/14 report states "Xr right hip neg; Xr thoraco lumbar spinal Spondylosis." Physical examination on 11/14/14 was unremarkable, revealing tenderness to lower lumbar and right sacroiliac, and flexion to 40 degrees with pain. There are no discussions or mention of suspected osseous, articular or soft-tissue abnormalities; osteonecrosis; occult acute and stress fracture; acute and chronic soft-tissue injuries; or tumors, which would indicate MRI of the hip/pelvis according to ODG. In this case, treater has not provided reason for the request, and MRI cannot be warranted simply based on "tenderness to SI," per 11/14/14 report. Therefore, the request IS NOT medically necessary.

Magnetic Resonance Imaging (MRI) of the lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official disability guidelines Low back chapter, MRIs (magnetic resonance imaging).

Decision rationale: Based on the 11/14/14 progress report provided by treating physician, the patient presents with pain to low back and right hip. The request is for MAGNETIC RESONANCE IMAGING (MRI) OF THE LUMBAR SPINE. The patient is status post right knee arthroplasty 11/18/14. RFA not provided. Patient's diagnosis on 11/14/14 includes back

pain, lumbar radiculopathy, and osteoarthritis of right knee. Physical examination on 11/14/14 revealed tenderness to lower lumbar and right sacroiliac, and flexion to 40 degrees with pain. Treatment to date has included physical therapy, imaging and electrodiagnostic studies, and medications. Patient's medications include Tramadol and Ibuprofen. The patient is off-work, but released to return to work with restrictions, per treater report dated 11/14/14. ACOEM Guidelines, chapter 8, page 177 and 178, state "Unequivocal objective findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. ODG Guidelines do not support MRIs unless there are neurologic signs/symptoms present. Repeat MRIs are indicated only if there has been progression of neurologic deficit." ODG guidelines, Low back chapter, MRIs (magnetic resonance imaging) (L-spine) state that "for uncomplicated back pain MRIs are recommended for radiculopathy following at least one month of conservative treatment." ODG guidelines further state the following regarding MRI's, "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, neuro-compression, recurrent disc herniation)." Treater has not provided reason for the request. Per progress report dated 11/14/14, MRI of the lumbar spine on 08/04/14 revealed "degenerative changes in lumbar spine with degenerative disc disease at L4-5." MRI of the lumbar spine dated 02/17/14 was also provided. According to guidelines, for an updated or repeat MRI, the patient must be post-operative or present with a new injury, red flags such as infection, tumor, fracture or neurologic progression. This patient does not present with any of these. Therefore, the request IS NOT medically necessary.