

Case Number:	CM15-0087811		
Date Assigned:	05/12/2015	Date of Injury:	02/22/2015
Decision Date:	06/17/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/08/2015

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: Massachusetts

Certification(s)/Specialty: Anesthesiology, Pain Management

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 59 year old male who sustained an industrial injury on 02/22/2015 from a fall when a chair gave way. The injured worker was diagnosed with lumbar strain. Treatment to date includes radiology, conservative measures, physical therapy and medications. According to the primary treating physician's progress report on March 17, 2015, the injured worker continues to experience low back pain that radiates down the left leg. The injured worker rates his pain level at 6/10. Examination demonstrated tenderness at L4-5 with right lower lumbar and right gluteus muscle spasm. Flexion was decreased due to pain and spasm. Bilateral sacroiliac (SI) joints were tender, right side greater than left side. Right leg was mildly weak with injured worker guarded and stiff during exam. Toradol intramuscularly was administered. Current medications are listed as Ibuprofen and Flexeril. Treatment plan consists of continuing with physical therapy, home exercise program, medications; remain off work and the current request for magnetic resonance imaging (MRI) of the right hip and right buttock.

IMR ISSUES, DECISIONS AND RATIONALES

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

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 & Pelvis, MRI (magnetic resonance imaging).

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

Decision rationale: The ACOEM Chapter 12 on Low Back indicates that specialized treatments or referrals require a rationale for their use. According to the documents available for review, there is no rationale provided to support the request for an MRI of the hip. According to the documents, the IW complains of low back pain with radiation down the right lower extremity with associated SI tenderness. An MRI of the hip is unlikely to provide data that will guide therapy. Additionally, there is no rationale provided as to why a hip MRI would be indicated given the clinical scenario. Therefore, at this time, the requirements for treatment have not been met, and the request is not medically necessary.

MRI of the right buttock: 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 & Pelvis, (magnetic resonance imaging).

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

Decision rationale: The ACOEM Chapter 12 on Low Back indicates that specialized treatments or referrals require a rationale for their use. According to the documents available for review, there is no rationale provided to support the request for an MRI of the right buttock. According to the documents, the IW complains of low back pain with radiation down the right lower extremity with associated SI tenderness. An MRI of the right buttock is unlikely to provide data that will guide therapy. Additionally, there is no rationale provided as to why a right buttock MRI would be indicated given the clinical scenario. Therefore, at this time, the requirements for treatment have not been met, and the request is not medically necessary.