

<b>Case Number:</b>	CM15-0088261		
<b>Date Assigned:</b>	05/12/2015	<b>Date of Injury:</b>	08/06/2012
<b>Decision Date:</b>	06/12/2015	<b>UR Denial Date:</b>	04/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/07/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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 44 year old female, who sustained an industrial injury on August 6, 2012, incurring low back injuries. She was diagnosed with a lumbar strain with disc protrusions and annular tears and cervical disc disease with radiculopathy. Treatments included epidural steroid injection, trigger point injections, pain medications, anti-inflammatory drugs, neuropathic medications, topical creams and patches and proton pump inhibitor, psychiatric care and attended a pain clinic. Currently, the injured worker complained of weakness of the legs knees and right hip with numbness and tingling around the ankles and feet. She also complained of pelvic floor pain, headaches and frequent chest pain. The treatment plan that was requested for authorization included physical therapy for the lumbar spine and Magnetic Resonance Imaging of the pelvis with contrast.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy times 6 Lumbar:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Physical therapy.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy times 6 sessions to the lumbar spine is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are radiculopathy lumbosacral; trochanteric bursitis; piriformis syndrome; occipital neuralgia; unspecified neuritis and radiculitis; fibromyalgia/myositis: cervical radiculopathy; and spasm muscle. The request for authorization dated April 6, 2015. There is a progress note dated March 11, 2015 and April 17, 2015. The progress note referenced in the utilization review dated April 3, 2015 is not present in the medical record. Documentation from the March 11, 2015 and April 17, 2015 progress notes show the injured worker has subjective complaints of back and hip pain. The injured worker was given an injection for trochanteric bursitis on March 11, 2015. In the March 11, 2015 progress note there was no physical examination. In the April 17, 2015 progress note, the documentation indicates there is tenderness noted in the lumbar spine musculature. There was piriformis tenderness on the right. The right trochanteric bursa is tender. There is no pelvic examination or pelvic tenderness documented. There is tenderness with external rotation and internal rotation of the hip. There are no pelvic plain radiographs in the medical record. Utilization review indicates the injured worker had an unspecified number of prior physical therapy sessions. There are no progress notes of prior physical therapy in the medical record. The total number of physical therapy sessions is not documented. The treating provider indicated, in the April 17, 2015 note, the injured worker failed physical therapy and chiropractic treatment. There is no documentation with evidence of objective functional improvement. Consequently, absent clinical documentation with objective functional improvement of prior physical therapy and documentation indicating the injured worker failed physical therapy, physical therapy times six sessions to the lumbar spine is not medically necessary.

**MRI of the pelvis w/contrast:** Upheld

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

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

**Decision rationale:** Pursuant to the Official Disability Guidelines, magnetic resonance imaging for the pelvis is not medically necessary. MRI is the accepted form of imaging for findings of avascular necrosis of the hip and osteonecrosis. MRI is the modality of choice after plain x-rays in selected patients with occult hip fracture where plain x-rays are negative. Indications for imaging include osseous, articular or soft tissue abnormalities; osteonecrosis; occult acute and stress fractures; acute and chronic soft tissue injuries; and tumors. Exceptions for MRI suspected

osteoid osteoma; and labral tears. In this case, the injured worker's working diagnoses are radiculopathy lumbosacral; trochanteric bursitis; piriformis syndrome; occipital neuralgia; unspecified neuritis and radiculitis; fibromyalgia/myositis; cervical radiculopathy; and spasm muscle. The request for authorization dated April 6, 2015. There is a progress note dated March 11, 2015 and April 17, 2015. Progress note referenced in the utilization review dated April 3, 2015 is not present in the medical record. Documentation from the March 11, 2015 and April 17, 2015 progress notes show the injured worker has subjective complaints of back and hip pain. The injured worker was given an injection for trochanteric bursitis on March 11, 2015. In the March 11, 2015 progress note there was no physical examination. In the April 17, 2015 progress note, the documentation indicates there is tenderness noted in the lumbar spine musculature. There was piriformis tenderness on the right. The right trochanteric bursa is tender. There is no pelvic examination or pelvic tenderness documented. There is tenderness with external rotation and internal rotation of the hip. There are no pelvic plain radiographs in the medical record. Consequently, absent clinical documentation with plain radiographs of the pelvis and a thorough examination of the pelvis with pelvic tenderness on physical examination, magnetic resonance imaging for the pelvis is not medically necessary.