

Case Number:	CM14-0091709		
Date Assigned:	07/25/2014	Date of Injury:	12/05/2011
Decision Date:	10/14/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	06/17/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 30 year old male who sustained an injury to his low back on 12/05/11 while coming off of a short ladder walking backwards; he twisted his foot underneath him and fell, landing in a sitting position probably with his right hand underneath him. The injured worker immediately felt pain in his back and could not get up. He was taken to the emergency room where plain radiographs revealed no fracture. The injured worker has tried physical therapy, but nothing has helped his pain. MRI of the lumbar spine dated 01/25/12 revealed straining of the normal lordosis without significant disc bulge or any other central canal or foraminal stenosis. An operative reported dated 03/03/14 noted that the injured worker underwent bilateral sacroiliac joint injections under fluoroscopic guidance with SI joint arthrogram. There was no imaging study provided for review. The clinical note dated 04/22/14 reported that the injured worker continued to complain of low back pain with intermittent and sharp cramping pain with associated muscle spasms down the right leg. The injured worker stated that he gets occasional testicular pain and occasional numbness of the anus/rectum. The injured worker reported 50% pain reduction for the first month following the 03/03/14 bilateral sacroiliac joint injections, but now pain and other symptoms are again increasing. The injured worker denied any new symptoms or acute illness. Physical examination noted ambulation with a cane and right-sided limp; slight discomfort during visit; weight-bearing on right leg elicit sharp pain at L5- and sacrum; lumbar flexion limited to 45 degrees, extension is limited to return to neutral which elicits pain over L4-5 and the sacrum; rotation limited to 15 degrees bilaterally; dysesthesia over lateral calves/feet. The injured worker was assessed to have chronic low back pain radiating down the posterior lateral legs. The injured worker was diagnosed with lumbago, myalgia/myositis, sacroiliitis, lumbar facet joint pain, and chronic pain syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the Pelvis including Sacrum without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation Official Disability guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and pelvis chapter, MRI (magnetic resonance imaging)

Decision rationale: The request for MRI of the pelvis including sacrum without contrast is not medically necessary. Previous request was denied on the basis that the injured worker has not had hip x-rays and the peer to peer with PA reported dysesthesia in the lateral leg and calf (which would not be caused by a surgical intervention problem). There was no report of a new acute injury or exacerbation of previous symptoms. There was no mention that a surgical intervention was anticipated. There were no physical examination findings and decreased motor strength, increased reflex or sensory deficits. There was no indication that plain radiographs had been obtained prior to the request for more advanced MRI. There were no additional significant 'red flags' identified that would warrant this study. Given this, the request for MRI of the pelvis including sacrum without contrast is not indicated as medically necessary.