

<b>Case Number:</b>	CM15-0106636		
<b>Date Assigned:</b>	06/11/2015	<b>Date of Injury:</b>	02/19/2007
<b>Decision Date:</b>	07/14/2015	<b>UR Denial Date:</b>	05/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2015

### 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: North Carolina

Certification(s)/Specialty: Family Practice

### 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 46 year old male who sustained an industrial injury on February 19, 2007. He has reported a lower backache and has been diagnosed with lumbar radiculopathy. Treatment has included bracing, medications, injections, a home exercise program, and medical imaging. Range of motion was restricted with flexion limited to 37 degrees limited by pain, extension limited to 27 degrees limited by pain, right lateral bending limited to 15 degrees limited by pain, left lateral bending was at 15 degrees limited by pain, lateral rotation was at 30 degrees limited by pain, lateral rotation was at 30 degrees limited by pain. On palpation, paravertebral muscles, spasm, tenderness and tight muscle band was noted on both sides. Lumbar facet loading was positive. Straight leg raising test was positive on the left side in a supine position. The treatment request included a MRI of the pelvis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the pelvis:** 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, MRI.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, pelvis imaging.

**Decision rationale:** The ACOEM and the California MTUS do not specifically address imaging of the hip or lower extremity. The ODG indicates imaging of the pelvis is warranted for osseous, articular or soft tissue abnormalities, osteonecrosis, occult and stress fracture, acute and chronic soft tissue injuries and tumors. In this case the provided documentation fails to show concern or objective finding consistent with any of the above mentioned diagnoses. Therefore criteria for pelvic imaging has not been met per the ODG and the request are not medically necessary.