

<b>Case Number:</b>	CM15-0107364		
<b>Date Assigned:</b>	06/11/2015	<b>Date of Injury:</b>	09/15/2013
<b>Decision Date:</b>	07/13/2015	<b>UR Denial Date:</b>	05/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/03/2015

### 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 was a 34 year old female, who sustained an industrial injury, September 15, 2013. The injured worker previously received the following treatments Omeprazole, Fenoprofen Calcium, Naproxen, Cymbalta, Senna Laxative, Tramadol, Doral, Mentherm Gel, acupuncture and functional restoration program. The injured worker was diagnosed with chronic pain syndrome, low back pain, lumbago, thoracic or lumbosacral neuritis or radiculitis, lumbar disc displacement without myelopathy, lumbar or lumbosacral disc degeneration and lumbar radiculopathy. According to progress note of April 29, 2015, the injured workers chief complaint was lower back pain, left lower extremity pain and tailbone pain. The injured worker was 4 out of 10 and mild. The pain was described as aching, burning, shooting, and throbbing. The pain radiated into the left thigh and left leg. The injured worker was tolerating the medications well and without evidence of developing medication dependency. The physical exam noted the injured worker walked without an assistive device. The lumbar spine range of motion was restricted with extension limited to 20 degrees, due to pain. The flexion was normal. The straight leg raises were negative bilaterally. The paraspinal muscle was normal. The spinous processes had tenderness at the L5 level. The lumbar facet loading was positive on both sides. The motor exam of the lower extremities was normal. The sensory exam noted decreased sensation over the medial thigh, lateral thigh on the left side. The treatment plan included an 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 & Pelvis, MRI.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Imaging, pages 303-304.

**Decision rationale:** ACOEM Treatment Guidelines for the Lower Back Disorders, under Special Studies and Diagnostic and Treatment Considerations, states Criteria for ordering imaging studies include Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electrodiagnostic studies. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, review of submitted medical reports for this chronic injury have not adequately demonstrated the indication for MRI of the Pelvis nor document any specific changed deteriorating clinical findings, acute flare or new injury to support this imaging study. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The MRI of the pelvis is not medically necessary or appropriate.