

Case Number:	CM15-0112490		
Date Assigned:	06/18/2015	Date of Injury:	10/23/2005
Decision Date:	07/17/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/10/2015

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 50 year old female, who sustained an industrial injury on 10/23/05. The injured worker was diagnosed as having chronic low back pain and SI joint dysfunction. Treatment to date has included oral medications including Naproxen and Tylenol, physical therapy, activity restrictions and home exercise program. Currently, the injured worker complains of neck pain rated 5-6/10 and low back pain rated 7-8/10, she also reports numbness traveling down her left leg to her foot. She notes the medications help her complete her activities of daily living and improve her function at work. She is currently working. Physical exam noted mildly antalgic gait, tenderness on palpation in bilateral SI joint regions and tenderness to palpation in bilateral lumbar paraspinous regions; restricted cervical and lumbar range of motion is also noted. The treatment plan included a request for authorization for Naproxen, Omeprazole, 8 chiropractic visits, (MRI) magnetic resonance imaging of lumbar spine and pelvis; orthopedic follow ups and follow up appointment in 8 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of 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 (updated 10/09/2014) Online Version.

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

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 certified.