

Case Number:	CM15-0148213		
Date Assigned:	08/11/2015	Date of Injury:	06/01/2012
Decision Date:	10/02/2015	UR Denial Date:	07/10/2015
Priority:	Standard	Application Received:	07/30/2015

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: New York, Pennsylvania, Washington

Certification(s)/Specialty: Internal Medicine, Geriatric 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 52-year-old female who sustained an industrial injury on 6-1-12 when she was kicked in the knee and then injured her back while transferring a resident. She currently complains of left hip pain that is improving because she has been trying to rest. The pain is present when she stands or walks for prolonged time and pain radiates to her knee. On physical exam, there was tenderness to the lumbar and sacral area with 50% range of motion. Medications were meloxicam, tizanidine. Diagnosis was bilateral sciatica left greater than right (the remainder of the diagnosis CTLSMFS); joint pains, pelvis greater trochanteric; abnormal gait. There was a report of prior physical therapy from a July 2014 note. There was no report of diagnostic evaluations available. In the progress note dated 6-12-15 the treating provider's plan of care includes requests for MRI of the cervical, thoracic and lumbar spine to rule out herniated nucleus pulposus; MRI of bilateral hips and pelvis; physical therapy three times per week for six weeks for bilateral hips, pelvis, cervical, thoracic and lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic resonance imaging (MRI) of the bilateral hips/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-TWC), Guidelines for hip and pelvic chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation up to date: Radiologic evaluation of the painful hip in adults.

Decision rationale: MRI can be useful to identify and define occult hip fracture and avascular necrosis. However, the hip pathology had been delineated and documented on prior left hip MRI and there are no red flags on physical exam. In the absence of physical exam evidence of red flags, a MRI of both hips is not medically indicated. The medical necessity of a bilateral hip/pelvis MRIs is not substantiated in the records. This request is not medically necessary.

Magnetic resonance imaging (MRI) of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165-193.

Decision rationale: The request in this injured worker with chronic pain is for a MRI of the cervical spine. The records document a physical exam with pain with range of motion no red flags or indications for immediate referral or imaging. A MRI can help to identify anatomic defects and neck pathology and may be utilized in preparation for an invasive procedure. In the absence of physical exam evidence of red flags, a MRI of the cervical spine is not medically necessary.

Magnetic resonance imaging (MRI) of the thoracic spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165-193.

Decision rationale: The request in this injured worker with chronic pain is for a MRI of the thoracic spine. The records document a physical exam with pain with range of motion no red flags or indications for immediate referral or imaging. A MRI can help to identify anatomic defects and neck pathology and may be utilized in preparation for an invasive procedure. In the absence of physical exam evidence of red flags, a MRI of the thoracic spine is not medically necessary.

Magnetic resonance imaging (MRI) of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-310.

Decision rationale: MRI can be useful to identify and define low back pathology in disc protrusion and spinal stenosis. However, the lumbar pathology had been delineated and documented on prior studies and there are no red flags on physical exam. In the absence of physical exam evidence of red flags, a MRI of the lumbar spine is not medically necessary. The medical necessity of a lumbar MRI is not substantiated in the records.

Physical therapy for the bilateral hips/pelvis, cervical spine, thoracic spine and lumbar spine, 18 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 173-175, 298-299, Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

Decision rationale: Physical Medicine Guidelines allow for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self-directed home physical medicine. In this injured worker, physical therapy has already been used as a modality as documented in a July 2014 medical provider note and a self-directed home program should be in place. The records do not support the medical necessity for additional physical therapy visits in this individual with chronic pain. This request is not medically necessary.