

Case Number:	CM15-0171623		
Date Assigned:	09/15/2015	Date of Injury:	07/22/2013
Decision Date:	10/14/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	08/31/2015

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: Preventive Medicine, Occupational 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 37 year old male who sustained an injury on 7-22-13. Diagnoses include sacroiliitis; coccygodynia; and disorders of sacrum. The orthopedic examination on 7-17-15 indicates he has pain in the bilateral back that is thought secondary to SI joint dysfunction. The pain is aching, stabbing, throbbing, and burning numbing and tingling and rated with pain medication 8-9 out of 10. Walking, standing, sitting, bending, squatting and lifting increase the pain and the medication improved the pain by 10%. The past procedures were left SIJ (10-24-13) that provided 50% relief on the left side for 2 months; 12-12-13 right SIJ -excellent relief right side; left SIJ and coccygeal injection on 2-6-14; sacrococcygeal ligament injection on 11-21-14. The treatment plan was to continue using donut seat cushion; home exercise program; Norco 5-325 mg twice a day; light duties indefinitely (lifting less than 20 lbs. no prolonged bending, twisting and sitting since (3-2-15). Physical examination reveals tenderness paraspinous and SIJ pain was stable. MRI 4-4-15 sacro-iliac joints revealed no significant abnormality. Current requested treatments MRI lumbar spine. Utilization review 8-13-15 requested treatment not approved.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back/Magnetic Resonance Imaging.

Decision rationale: MTUS Guidelines do not support MRI studies unless there are red flag conditions suspected or progressive neurological loss. ODG Guidelines are more specific addressing the need for repeat MRI studies and ODG does not support repeat studies unless there is a substantial change in an individual's condition. These standard are not met with this request. An MRI was completed approximately 6 months ago and was completely normal involving the area in question. A referral has been requested regarding possible SI joint fusion yet there is no evidence that the MRI request has been accompanied by any exam, review of prior MRI studies, or in acknowledgement of what the consultation is for. Under these circumstances, the request for the lumbar MRI is not supported by Guidelines and is not medically necessary.