

<b>Case Number:</b>	CM15-0040227		
<b>Date Assigned:</b>	03/10/2015	<b>Date of Injury:</b>	10/31/2011
<b>Decision Date:</b>	04/20/2015	<b>UR Denial Date:</b>	02/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2015

### 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 is a 38-year-old female, who sustained an industrial injury on 10/31/2011. The diagnoses have included articular cartilage disorder of the pelvic region and thigh, enthesopathy of hip, internal derangement of knee and lumbar sprain/strain. Treatment to date has included chiropractic manipulation and medication. According to the progress report dated 9/8/2014, the injured worker complained of right hip and buttock pain. She was having bilateral knee pain as well as bilateral hip pain. She was also having lumbar pain due to abnormal gait caused by leg length discrepancy. Physical exam revealed pain with range of motion of the right hip. The treatment plan documented that the injured worker was awaiting authorization for magnetic resonance imaging (MRI) of the right knee and lumbar spine. The progress report dated 1/29/2015 documents that the injured worker continued to have bilateral hip pain and lower back pain. Lumbar exam revealed spasm present in the paraspinal muscles and tenderness to palpation. Range of motion was restricted. The treatment plan documented that the injured worker was awaiting authorization for magnetic resonance imaging (MRI) of the right knee and lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official disability guidelines Low back chapter, MRI.

**Decision rationale:** The patient presents with unrated lower back and bilateral hip pain. The patient's date of injury is 10/31/11. Patient has no documented surgical history directed at these complaints. The request is for MRI of the lumbar spine. The RFA was not provided. Physical examination dated 01/29/15 reveals tenderness to palpation and spasm of the lumbar paraspinous muscles, tenderness around the greater femur trochanter bilaterally. Treater also notes positive sitting straight leg raise test bilaterally and pain elicitation on flexion and abduction of the hips bilaterally. The patient is currently prescribed Omeprazole, Orphenadrine, and Vicodin. Diagnostic imaging was not included. Per 01/29/15 progress note, patient is classified as temporarily totally disabled for 6 weeks. ACOEM Guidelines, chapter 8, page 177 and 178, state "Unequivocal objective findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option." ODG Guidelines do not support MRIs unless there are neurologic signs/symptoms present. Repeat MRI's are indicated only if there has been progression of neurologic deficit." In regard to the request for an MRI of the lumbar spine, treater has not provided unequivocal evidence of neurological findings to support such imaging. There is no evidence that this patient has undergone a lumbar MRI to date. This patient presents with lower back pain, but there is no documentation that this pain radiates into the lower extremities. The treater indicates positive SLR bilaterally, but given lack of any radiating leg symptoms, it is not known how this is possible. No other functional or neurological deficits are noted to the lower extremities. Furthermore, per progress note dated 01/29/15 treater notes that the patient claims that the lower back pain originates secondary to gait disturbances brought on by hip pain. Owing to a lack of unequivocal neurological findings, the requested lumbar MRI cannot be substantiated. The request is not medically necessary.