

Case Number:	CM15-0046671		
Date Assigned:	03/18/2015	Date of Injury:	10/05/2006
Decision Date:	05/13/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/11/2015

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 57 year old female, who sustained a work related injury on 10/5/06. The diagnoses have included morbid obesity and status post Roux-En-Y gastric bypass surgery. Treatments to date have included CT scan abdomen and pelvis dated 7/17/14, an upper gastrointestinal and small bowel follow-through contrast study dated 9/15/14, a cholecystectomy and gastric bypass surgery with subsequent internal hernia surgery in 2010. In the PR-2 dated 2/9/15, the injured worker had gastric bypass surgery which allowed her weight reduction. She is down to 220 pounds from the over 300 pounds. She is still attempting to lose more weight. No gastrointestinal complaints noted. The treatment plan for this progress note was a trigger point injection she received on this date and to refill medications. There is no later dated progress note from prior to the Utilization Review after this one in which the requested treatment of a MRI of abdomen and pelvis was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI abdomen and pelvis: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Trusted Health Information for You last updated 01/01/2007; <http://www.nlm.nih.gov/medlineplus/ency/article/003796.htm>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Diabetes (Type 1, 2, and Gestational) Chapter, under MRIs (magnetic resonance imaging) Hip & Pelvis (Acute & Chronic) Chapter under MRI (magnetic resonance imaging).

Decision rationale: Based on the 02/09/15 progress report provided by treating physician, the patient presents with low back pain rated 8/10. The request is for MRI abdomen and pelvis. RFA is not available. Patient's diagnosis on 02/09/15 included lumbar spine discopathy, morbid obesity, and status post Roux-en-Y gastric bypass surgery 04/02/10. The patient ambulates with a cane. Patient medications include Norco, Acetaminophen, Tramadol and pain creams. Per 09/19/14 treater report, the patient "is having diabetic difficulties to the point where she was diagnosed with insulinoma." The patient remains permanent and stationary, per 02/09/15 treater report. MTUS and ACOEM Guidelines do not address this request. ODG-TWC, Diabetes (Type 1, 2, and Gestational) Chapter, under MRIs (magnetic resonance imaging) states: "Not recommended as a routine test for diagnosing peripheral neuropathy. A survey of the tests used to diagnose neuropathy showed that almost one quarter of patients undergo high-cost, low-yield magnetic resonance imaging (MRI), while few patients get the inexpensive, high-yield glucose tolerance tests advocated by current guidelines. The study found that MRI of the brain or spine was the test most commonly done, in 23.2% of the patients. A glucose tolerance test was done in only 1.0% of patients. The AAN guidelines recommend getting a glucose tolerance test, a B12, a serum protein electrophoresis, and other tests, including MRIs, should be limited. (Callaghan, 2012)" ODG-TWC, Hip & Pelvis (Acute & Chronic) Chapter under MRI (magnetic resonance imaging) states: "Recommended as indicated below. MRI is the most accepted form of imaging for finding avascular necrosis of the hip and osteonecrosis. MRI is both highly sensitive and specific for the detection of many abnormalities involving the hip or surrounding soft tissues and should, in general, be the first imaging technique employed following plain films." "Indications for imaging; Magnetic resonance imaging: Osseous, articular or soft-tissue abnormalities. Osteonecrosis. Occult acute and stress fracture. Acute and chronic soft-tissue injuries. Tumors Exceptions for MRI. Suspected osteoid osteoma (See CT). Labral tears (use MR arthrography unless optimized hip protocol and MRI with 3.0-T magnets)" Treater has not provided reason for the request. Based on provided medical records, it does not appear patient had prior MRI of the abdomen or hip. In this case, though patient presents with diabetes, ODG does not recommend MRI of abdomen "as a routine test for diagnosing peripheral neuropathy," related to Diabetes Mellitus. With regards to hip MRI, physical examination to the lumbar spine on 02/09/15 revealed tenderness to palpation to the paralumbar muscles, positive straight leg raise test bilaterally; ankle jerk reflex and plantar strength slightly diminished bilaterally; and sacroiliac joints stable on stress testing. There are no discussions or mention of suspected osseous, articular or soft-tissue abnormalities; osteonecrosis; occult acute and stress fracture; acute and chronic soft-tissue injuries; or tumors, which would indicate MRI of the hip/pelvis according to ODG, the request does not meet guideline indications. Therefore, the request is not medically necessary.