

<b>Case Number:</b>	CM15-0063745		
<b>Date Assigned:</b>	04/09/2015	<b>Date of Injury:</b>	07/11/2012
<b>Decision Date:</b>	05/14/2015	<b>UR Denial Date:</b>	03/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/02/2015

### 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 49 year old male, who sustained an industrial injury on 7/11/2012. The current diagnoses are lumbar sprain, lumbar spine herniated nucleus pulposus, and L5-S1 radiculopathy. According to the progress report dated 2/9/2015, the injured worker complains of low back pain with radiation into the back of the left hip and into the left groin, down the left leg to the level of the foot. The pain is rated 4/10 on a subjective pain scale. With medications, the pain is decreased by 1 or 2 points. The current medications are Neurontin, Naprosyn, Tramadol, FexMed, and Prilosec. Treatment to date has included medication management and physical therapy. The plan of care includes MRI of the left hip, left knee, right wrist, and lumbar spine, prescription for Cyclobenzaprine, and urine drug screen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the left hip:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Hip and Pelvis Chapter, MRI.

**Decision rationale:** The patient presents with low back pain extending into the back of the left hip and lower extremity, and right wrist rated at 4/10. The request is for MRI of the left hip. The request for authorization is not provided. Physical examination of the left hip reveals positive tenderness over the groin, greater trochanteric region and gluteal region. There is no specific crepitus with range of motion. Examination of the lumbar spine reveals positive paraspinous muscle spasm, primarily on the left side. Sensation is intact in all dermatomes of the lower extremities. Babinski sign is absent. No evidence of clonus. The pain is brought on with such activities as bending, lifting, twisting, prolonged standing and sitting, sneezing, straining at stool, walking, coughing and lying flat. He is able to do activities of daily living with less pain with the medications. Patient's medications include Naprosyn, Prilosec, Neurontin, FexMid and Tramadol. Per progress report dated, 02/09/15, the patient is permanent and stationary. ODG Guidelines, Hip and Pelvis Chapter, under MRI 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." Indicators include osseous, articular, or soft tissue abnormalities; osteonecrosis; occult, acute, and stress fracture; acute and chronic soft tissue injuries; and tumors. The treater does not discuss the request. Review of medical records shows the patient has not previously had a MRI of the left hip. Physical examination of the left hip reveals positive tenderness over the groin, greater trochanteric region and gluteal region. However, there is no discussion 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 a MRI of the hip according to ODG. In this case, treater does not provide reason for the request, and MRI cannot be warranted simply based on "I do feel it is reasonable to obtain MRIs of the right wrist, left hip and left knee." Per 02/09/15 report. Therefore, the request is not medically necessary.

**MRI of the lumbar spine:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Low back chapter, MRIs (magnetic resonance imaging).

**Decision rationale:** The patient presents with low back pain extending into the back of the left hip and lower extremity, and right wrist rated at 4/10. The request is for MRI of the lumbar spine. The request for authorization is not provided. Physical examination of the left hip reveals positive tenderness over the groin, greater trochanteric region and gluteal region. There is no specific crepitus with range of motion. Examination of the lumbar spine reveals positive paraspinous muscle spasm, primarily on the left side. Sensation is intact in all dermatomes of the

lower extremities. Babinski sign is absent. No evidence of clonus. The pain is brought on with such activities as bending, lifting, twisting, prolonged standing and sitting, sneezing, straining at stool, walking, coughing and lying flat. He is able to do activities of daily living with less pain with the medications. Patient's medications include Naprosyn, Prilosec, Neurontin, FexMid and Tramadol. Per progress report dated, 02/09/15, the patient is permanent and stationary. ODG guidelines, Low back chapter, MRIs (magnetic resonance imaging) (L-spine) state that "for uncomplicated back pain MRIs are recommended for radiculopathy following at least one month of conservative treatment." ODG guidelines further state the following regarding MRI's, "Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, recurrent disc herniation)." Treater does not discuss the request. Review of medical records shows the patient has not previously had a MRI of the lumbar spine. Physical examination of the lumbar spine reveals positive paraspinous muscle spasm, primarily on the left side. The patient continues with low back pain, however, physical examination findings do not document evidence of radiculopathy. Per progress report dated, 02/09/15, treater notes, "Sensation is intact in all dermatomes of the lower extremities. Babinski sign is absent. No evidence of clonus." Therefore, the request is not medically necessary.