MAXIMUS Federal Services

| Case Number: | CM15-0067829 | | |
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| Date Assigned: | 04/15/2015 | Date of Injury: | 07/09/2012 |
| Decision Date: | 05/27/2015 | UR Denial Date: | 03/17/2015 |
| Priority: | Standard | Application Received: | 04/09/2015 |

## 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:
Texas, New York, 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 applicant is a represented 50-year-old who has filed a claim for chronic low back pain reportedly associated with an industrial injury of July 9, 2012. In a Utilization Review report dated March 17, 2015, the claims administrator failed to approve a request for MRI imaging of the thigh. The claims administrator referenced an RFA form received on March 10, 2015 in its determination. Progress notes of February 19, 2015 and March 30, 2015 were referenced in the determination. Non-MTUS ODG guidelines were invoked. The applicant's attorney subsequently appealed. On October 7, 2014, the applicant reported ongoing complaints of low back pain radiating to the right thigh and right calf. The applicant was not working. Sitting and standing were problematic, it was noted. The applicant had undergone earlier failed rib resection for thoracic outlet syndrome. The applicant was placed off of work, on total temporary disability, while Norco and Zantac were renewed. On December 2, 2014, the applicant was given an operating diagnosis of lumbar radiculopathy status post earlier corticosteroid injection. The applicant reportedly had a "documented far lateral right L5-S1 disk herniation." The applicant was placed off of work, on total temporary disability. A medical-legal evaluator reported on February 6, 2015 that the applicant had ongoing complaints of low back pain radiating to the right leg. It was stated that the applicant was not working. The applicant was deemed a qualified injured worker. It was stated that the applicant would not be returning to work and that the applicant should consider vocational rehabilitation. On January 30, 2015, the applicant underwent a lumbar epidural steroid injection. On February 3, 2015, the applicant reported ongoing complaints of low back pain

radiating to the right leg. The applicant did exhibit positive straight leg raising. The applicant was able to walk on her toes and heels. Hyposensorium was noted about the right thigh. The applicant was described as having history of a right proximal hamstring tear, the treating provider reported. The attending provider again noted that the applicant had significant sciatica associated with a far right L5-S1 disk protrusion. The attending provider suggested that MRI imaging of the hamstring to determine how much of the applicant's leg pain was originating from the hamstring was indicated so as to determine what portions of the applicant's symptoms were emanating from the low back versus the hamstring itself. The applicant was again placed off of work.

## 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 right thigh:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip & Pelvis Chapter, MRI (magnetic resonance imaging).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd edition, Hip and Groin Disorders, page 12: Table 1. Summary of Recommendations for Diagnostic and Other Testing for Hip and Groin Disorders, Magnetic Resonance Imaging (MRI) MRI to diagnose hamstring or hip flexor strains in more severe cases. Recommended, Insufficient Evidence (I).

**Decision rationale:** Yes, the proposed MRI of the right thigh was medically necessary, medically appropriate, and indicated here. The MTUS does not address the topic of MRI imaging of the thigh. However, the Third Edition ACOEM Guidelines note that MRI imaging is "recommended" to diagnose hamstring or hip flexor strains in more severe cases. Here, the applicant's symptoms were quite severe. The applicant was off of work and had been off of work for what appeared to be a span of several years. The attending provider seemingly posited that the applicant had a hamstring tear and/or hamstring strain which might represent a source of her ongoing pain complaints. Given the duration and severity of the applicant's symptoms, MRI imaging was indicated to determine the extent of the applicant's thigh and/or hamstring pathology, as suggested by ACOEM. Therefore, the request is medically necessary.