

Case Number:	CM15-0070517		
Date Assigned:	04/20/2015	Date of Injury:	03/17/1999
Decision Date:	05/18/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/14/2015

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: Emergency 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 52 year old male, who sustained an industrial injury on 3/17/1999. Diagnoses include degeneration of lumbar and/or lumbosacral intervertebral disc, post laminectomy syndrome of lumbar region, lumbago, unspecified disorder of muscle, ligament and fascia, chronic pain syndrome and symptoms of depression. Treatment to date has included diagnostics, surgical intervention (undated), pain medication, physical therapy, heat, ice, rest and activity modification. Per the Primary Treating Physician's Progress Report dated 3/19/2015 the injured worker reported pain located in his low back with radiation to the sacroiliac joint and bilateral legs. His pain score without medication is rated as 8/10 and with medication is 6/10. Physical examination of the lumbar spine revealed maximum tenderness to palpation of the left PSIS with exquisite tenderness along the right PSIS. Straight Leg Raise was positive. The plan of care included diagnostic imaging and medications and authorization was requested for pelvic and lumbar magnetic resonance imaging (MRI).

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI PELVIS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITIES GUIDELINES.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip & Pelvis (Acute & Chronic)MRI (magnetic resonance imaging).

Decision rationale: The requested MRI pelvis, is not medically necessary. CA MTUS is silent on this issue. Official Disability Guidelines (ODG), Hip & Pelvis (Acute & Chronic), MRI (magnetic resonance imaging) recommend this imaging study for: Osseous, articular or soft-tissue abnormalities, Osteonecrosis-Occult acute and stress fracture, Acute and chronic soft-tissue injuries:Tumors. The injured worker has pain located in his low back with radiation to the sacroiliac joint and bilateral legs. The treating physician has documented maximum tenderness to palpation of the left PSIS with exquisite tenderness along the right PSIS. Straight Leg Raise was positive. The treating physician has not documented the presence of symptoms or exam findings indicative of avascular necrosis or any other conditions noted above. The criteria noted above not having been met, MRI PELVIS is not medically necessary.