

Case Number:	CM13-0016888		
Date Assigned:	11/06/2013	Date of Injury:	08/07/2007
Decision Date:	04/17/2014	UR Denial Date:	08/19/2013
Priority:	Standard	Application Received:	08/26/2013

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. The expert reviewer is Board Certified in Family Practice, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 59-year-old male who reported an injury on 08/07/2007. The mechanism of injury was not specifically stated. The patient was seen by [REDACTED] on 06/17/2013. The patient reported persistent lower back pain with radiation to bilateral lower extremities. Physical examination revealed tenderness at the right SI joint, positive Faber testing, and tenderness to palpation to bilateral groin and inguinal area. The patient was diagnosed with thoracic degenerative disc disease, lumbago, and lumbar sprain with lumbosacral or thoracic neuritis. Treatment recommendations included an MRI of the lumbar spine and pelvis.

IMR ISSUES, DECISIONS AND RATIONALES

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

MAGNETIC RESONANCE IMAGING (MRI) FOR THE PELVIS: Upheld

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 CHAPTER, MRI, MAGNETIC RESONANCE IMAGING.

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 CHAPTER, MAGNETIC RESONANCE IMAGING.

Decision rationale: Official Disability Guidelines state indications for imaging include osseous or articular soft tissue abnormalities, osteonecrosis, occult acute and stress fracture, acute and chronic soft tissue injury, or tumor. The patient does not appear to meet criteria for the requested study. There were no plain films obtained prior to the request for an MRI. There is no documentation of an exhaustion of conservative treatment prior to the request for an imaging study. The patient's physical examination only revealed tenderness to palpation. The medical necessity for the requested procedure has not been established. As such, the request is non-certified.