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| Case Number: | CM13-0026605 | | |
| Date Assigned: | 11/22/2013 | Date of Injury: | 06/13/2012 |
| Decision Date: | 02/04/2014 | UR Denial Date: | 09/11/2013 |
| Priority: | Standard | Application Received: | 09/19/2013 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery 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 physician 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 claimant is a 35-year-old gentleman who was injured in a work related accident on June 13, 2012. Initially he treated for a left femur fracture with open reduction internal fixation as well as postoperative pain about the femur and thigh. The most recent clinical assessment for review is a PR2 report dated July 29, 2013 with [REDACTED] indicating ongoing pain about the left hip and left thigh. He states that this has been continuing since time of operative procedure. Objectively there is noted to be diminished hip rotation with motion, paralumbar tenderness to palpation and left sacroiliac tenderness to palpation. The claimant was diagnosed with chronic pain to the left thigh and left trochanteric pain status post fracture. It states he is with a "prior history" of low back pain that was exacerbated by the injury which has not had any form of workup. An MRI scan of the lumbar spine was recommended to rule out "disc herniation".

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar MRI (initial): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287.

Decision rationale: Based on California ACOEM Guidelines, the role of a lumbar MRI scan which would be the initial form of imaging in this case for an injury dating back to 2012 would not be supported. Guideline criteria in regards to MR imaging states "unequivocal objective findings identify specific nerve compromise on neurologic examination is sufficient evidence to warrant imaging in patients who do not respond to treatment". While the claimant is noted to be with tenderness to the lumbar spine, there is no documentation of objective findings demonstrating a nerve root compromise on examination for which lumbar imaging would be indicated at this chronic stage in clinical course of care. The claimant's initial diagnosis was greater than 1 ½ years ago for which he underwent surgery to the thigh. Current clinical presentation would not support the acute need of a lumbar MRI scan.