

Case Number:	CM13-0045101		
Date Assigned:	12/27/2013	Date of Injury:	09/03/2006
Decision Date:	04/24/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	10/31/2013

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 Texas. 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 47-year-old female who reported an injury on 09/03/2008. The mechanism of injury was not stated. The patient is currently diagnosed with cervical strain. The patient was seen by [REDACTED] on 09/10/2013. The patient reported persistent right hip pain. Physical examination revealed a mildly antalgic gait, paraspinous muscle tenderness, and an unchanged examination of the lumbar spine. It was noted that the patient has been previously treated with a home exercise program as well as a right hip injection. Treatment recommendations at that time included an MRI of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic Resonance Imaging (MRI) Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 308-310.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 303-305.

Decision rationale: California MTUS/ACOEM Practice Guidelines state if physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause, including MRI for neural or other soft tissue abnormality. As per the documentation submitted, the patient only reported right hip pain despite a local anesthetic injection. The patient's physical examination only revealed

paraspinous muscle tenderness with discomfort the in the hip area. There is no documentation of a significant musculoskeletal or neurological deficit with regard to the lumbar spine. There was no mention of previous conservative treatment for the lumbar spine prior to the request for an imaging study. There were no plain films obtained prior to the request for an MRI. The medical necessity has not been established. Therefore, the request is non-certified.