

<b>Case Number:</b>	CM13-0048628		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	06/13/2012
<b>Decision Date:</b>	05/22/2014	<b>UR Denial Date:</b>	10/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/06/2013

### 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 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 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 claimant is a 36 year old male who was injured in June 13, 2012. The clinical records specific to the claimant's low back indicate the claimant was injured in a motor vehicle accident while driving a tractor trailer sustaining multiple traumas including fractures to the left lower extremity and pelvis. He was treated for postoperative pulmonary embolism with anticoagulants. The clinical records of September 24, 2013 indicate continued complaints of pain to the left thigh. There were complaints of left hip pain and buttock pain. The current physical examination findings show lumbar paravertebral tenderness, left greater than right with no indication of motor sensory or reflexive changes to the lower extremities. The claimant was diagnosed with continued pain status post open reduction internal fixation of left femur fracture, left acetabular fracture. The previous imaging in regards to the lumbar spine was not noted. There was a request for lumbar MRI for further diagnostic interpretation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI LUMBAR SPINE:** 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:** The California MTUS/ACOEM Guidelines indicate imaging if unequivocal objective findings identify specific nerve compromise are present on examination. The medical records provided for review note that the claimant underwent multibody trauma. The clinical examination and physical findings are not indicative of a lumbar radicular process. At present there is no indication of motor weakness, sensory changes or reflexive changes to the lower extremities in an acute fashion that would necessitate further imaging. The guidelines The absence of the above fails to necessitate the acute need of a lumbar MRI at this stage in the claimant's clinical course of care. The request for a MRI of the lumbar spine is not medically necessary and appropriate.