

Case Number:	CM14-0103481		
Date Assigned:	07/30/2014	Date of Injury:	09/19/2011
Decision Date:	09/24/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	07/03/2014

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 Occupational Medicine 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 50-year-old female who has submitted a claim for contusion of foot, enthesopathy of hip region, aftercare for healing of traumatic fracture of hip and sprains and strains of hip and thigh associated with an industrial injury date of September 9, 2011. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of persistent hip and thigh pains. Examination of the lumbar spine revealed no tenderness and no limitation of ROM. Neurologic examination of the lower extremities was essentially normal. Treatment to date has included medications, physical therapy, HEP, intraarticular injection, activity modifications, and other modalities. Utilization review from June 12, 2014 denied the request for MRI (Magnetic Resonance Imaging) of the lumbar spine Qty 1 because of unspecified reasons.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (Magnetic Resonance Imaging) of the lumbar spine, QTY: 1: 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): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Magnetic resonance imaging (MRI).

Decision rationale: As stated on pages 303-304 of the ACOEM Practice Guidelines, 2nd Edition (2004) referenced by CA MTUS, imaging of the lumbar spine is recommended in patients with red flag diagnoses where plain film radiographs are negative; unequivocal objective findings that identify specific nerve compromise on the neurologic examination, failure to respond to treatment, and consideration for surgery. In addition, Official Disability Guidelines recommends MRI for the lumbar spine for uncomplicated low back pain, with radiculopathy, after at least 1 month conservative therapy, sooner if severe or progressive neurologic deficit. In this case, the MRI of the lumbar spine was requested despite the normal lumbar exam because the surgeon was reluctant to do hip pathology unless lumbar pathology is ruled out. There was no red flag diagnoses related to the lumbar spine and the lumbar spine exam was normal. The criteria for requesting lumbar spine for back pain was not fulfilled. Therefore, the request for MRI (Magnetic Resonance Imaging) of the lumbar spine is not medically necessary.