

<b>Case Number:</b>	CM14-0017308		
<b>Date Assigned:</b>	04/14/2014	<b>Date of Injury:</b>	01/27/2010
<b>Decision Date:</b>	11/05/2014	<b>UR Denial Date:</b>	02/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/11/2014

### 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 Family Practice and is licensed to practice in Texas and Mississippi. 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 injured worker is a 51-year-old male who reported an injury on 01/27/2010. The mechanism of injury was not stated. The current diagnoses include thoracic pain and lumbar pain. The injured worker was evaluated on 10/30/2013. Physical examination was not provided on that date. Treatment recommendations included a sacrum MRI. A Request for Authorization form was then submitted on 10/30/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI OF THE SACRUM:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES

**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:** The Official Disability Guidelines state indications for imaging include osseous, articular or soft tissue abnormalities, osteonecrosis, occult acute and stress fracture, acute and chronic soft tissue injuries, or tumors. The injured worker does meet any of the above mentioned criteria for an imaging study. There was also no mention of an attempt at any

conservative treatment prior to the request for an imaging study. There was no physical examination provided on the requesting date. The medical necessity has not been established. As such, the request is not medically appropriate.