

Case Number:	CM14-0127890		
Date Assigned:	08/15/2014	Date of Injury:	08/06/2012
Decision Date:	09/15/2014	UR Denial Date:	08/04/2014
Priority:	Standard	Application Received:	08/11/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 63-year-old female was reportedly injured on August 6, 2012. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated July 10, 2014, indicates that there are ongoing complaints of decreased urinary incontinence and numbness in the lateral left toes. There were complaints of cervical spine and upper trapezial spasms. The physical examination demonstrated the use of a cane and Walker for ambulation. There was tenderness over the lumbar spine and a positive left sided foot drop. Examination of the left knee noted some edema and medial joint line tenderness. There was a positive McMurray's test. Range of motion of the left knee was from 0 to 95. Diagnostic imaging studies of the lumbar spine indicated a potential vertebral body hematoma in the sacrum. Previous treatment includes epidural steroid injections. A request had been made for an MRI scan of S1 and S2 without contrast and was not certified in the pre-authorization process on this fourth 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI scan of the S1 and S2 levels with and without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: According to medical records reviewed, a previous MRI of the lumbar spine indicated potential hematoma the S1 - S2 region a follow-up MRI with and without contrast for the S1 - S2 region was recommended. It is unclear why a repeat MRI is indicated if the previous one already contains the information needed. Without further justification, this request for an MRI of the lumbar spine including the S1 and S2 levels with and without contrast is not medically necessary.