

<b>Case Number:</b>	CM14-0024582		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	04/09/2003
<b>Decision Date:</b>	07/29/2014	<b>UR Denial Date:</b>	02/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/26/2014

### 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 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 injured worker is a 46-year-old female who reported an injury on 04/09/2003. The mechanism of injury was not stated. The latest Physician's Progress Report submitted for this review is documented on 01/23/2014. The injured worker noted non-healing of a left posterior pelvic/buttock wound. Physical examination revealed tenderness and spasm in the lumbosacral spine with limited range of motion. The left posterior pelvic wound was uneven and painful to touch with redness and irritation. Treatment recommendations at that time included an MRI of the thoracolumbosacral spine to evaluate whether there is a spinal cord abscess.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Revision of Lumbar Spine and Pelvis Scar: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 2014, Low Back- MRIs (Magnetic Resonance Imaging).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Infectious Disease Chapter, Surgery.

**Decision rationale:** Official Disability Guidelines recommend surgery as a primary treatment for abscess and skin/soft tissue infections. Surgical treatment is indicated for acute osteomyelitis when there is a failure to respond to antibiotics and debridement of the bone is required or there is evidence of soft tissue abscess, joint infection, or spinal instability. As per the documentation submitted, there was no objective evidence of an abscess or skin/soft tissue infection. The injured worker was pending an MRI of the thoracolumbar spine to assess the spinal cord for a possible abscess. The imaging study was not submitted for review. As the medical necessity has not been established, the current request is non-certified.