

Case Number:	CM14-0031478		
Date Assigned:	04/09/2014	Date of Injury:	01/19/2013
Decision Date:	05/28/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	02/04/2014

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 applicant who has filed a claim for chronic low back and hip pain reportedly associated with an industrial injury of January 19, 2013. Thus far, the applicant has been treated with the following: analgesic medications; unspecified amounts of chiropractic therapy, manipulative therapy, physical therapy, and cognitive behavioral therapy; and extensive periods of time off of work. In a Utilization Review Report of January 24, 2014, the claims administrator denied a request for lumbar MRI (magnetic resonance imaging), stating that the applicant had not had what the claims administrator deemed to be precursor plain films of the lumbar spine. The applicant's attorney subsequently appealed. In an October 15, 2013 psychological evaluation, the applicant was described as having a history of chronic low back pain and a non-displaced pelvic fracture identified on MRI imaging of January 2013. MRI imaging of lumbar spine of May 20, 2013 was notable for mild diffuse spondylosis. The applicant was given a diagnosis of chronic pain syndrome. On October 1, 2013, the attending provider stated that he would like to obtain updated diagnostic studies to further evaluate the applicant's chronic pain syndrome in the form of MRI imaging of the lumbar spine and hip, to assess for fracture healing and/or occult lumbar fractures.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF THE LUMBAR SPINE: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: As noted in the MTUS-adopted ACOEM guidelines, MRI (magnetic resonance imaging) and/or CT (computed tomography) imaging is "recommended" when diagnoses such as tumor, infection, and/or fracture are strongly suspected and earlier plain film radiographs are negative. In this case, the applicant apparently sustained significant trauma from a fall atop a height of 30 feet. The applicant did sustain fractures of the hip. Persistent low back pain complaints are also evident. The applicant has had earlier negative or non-diagnostic lumbar MRI imaging in May 2013, contrary to what was suggested by the claims administrator. Obtaining MRI imaging to clearly delineate the presence or absence of a compression fracture of the lumbar spine which may have been sustained in the injury in question is indicated. Therefore, the request is medically necessary.