

Case Number:	CM14-0037350		
Date Assigned:	06/25/2014	Date of Injury:	12/24/2013
Decision Date:	12/26/2014	UR Denial Date:	03/10/2014
Priority:	Standard	Application Received:	03/27/2014

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 Medicine and is licensed to practice in New Jersey & New York. 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 24 year-old male who was injured on 12/24/13 after falling onto his buttocks. He sustained lacerations due to falling on broken dishes. He was diagnosed with acute right buttock laceration and right hand abrasion. The wound was sutured but found to have infection and required an urgent incision and drainage procedure, rectal laceration treatment, and a loop sigmoid colostomy. He had a negative pelvic and right hand x-ray. He complained of lower back pain intermittently. There were no neurological complaints or exam findings. On exam, he had decreased range of motion of lumbar spine, and muscle guarding. He was diagnosed with lumbar sprain and coccygodynia. He used a lumbar support. He used opiates and anti-inflammatories for pain relief. The current request is for MRI lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the lumbar: 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): 304, 309.

Decision rationale: The request for lumbar spine MRI is not medically necessary. The patient had lower back pain but there was no documentation of neurological complaints or exam findings that would warrant this type of imaging. There was no assessment of neurological damage from the buttocks injury. There was not documented rationale for why this was ordered and what the practitioner was attempting to evaluate. Therefore, the request is not medically necessary.