

Case Number:	CM14-0157988		
Date Assigned:	10/01/2014	Date of Injury:	06/22/2011
Decision Date:	04/03/2015	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/26/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New York, New Hampshire, Washington
 Certification(s)/Specialty: Orthopedic Surgery

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

62 yo male with DOI of June 2011. The patient has chronic LBP. The patient had previous surgery. He takes medication and has had activity modifications. He had a lumbar MRI in July 2014. His physical exam shows numbness in the left leg and a positive straight leg raise. At issue is whether or not a sacral MRI is medically needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI sacrum without contrast: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back chapter-mri.

Decision rationale: The patient already had a lumbar MRI in July 2014. There is no significant change in the patient's low back pain documented. Physical exam shows a negative Patrick test

for SI joint pain. Medical need for a sacral MRI is not clearly documented in the records. There is no clinical need for sacral MRI. There is no documented concern for fracture or tumor. Sacral MRI not needed.