

<b>Case Number:</b>	CM15-0084773		
<b>Date Assigned:</b>	05/07/2015	<b>Date of Injury:</b>	02/12/2015
<b>Decision Date:</b>	06/05/2015	<b>UR Denial Date:</b>	04/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/04/2015

### 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

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

### 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 32-year-old male who sustained an industrial injury as a result of a 25 foot fall from a roof on 02/12/2015. He sustained a right closed Monteggia fracture with dislocation of the radial head, a right lateral compression, type II pelvic ring injury with right sacral fracture , posterior crescent fracture, bilateral superior and inferior pubic rami fractures all of which were minimally or non-displaced, a right L5-S1 transverse process fracture and a right ankle sprain. The injured worker underwent an open reduction internal fixation of the right Monteggia injury on February 17, 2015 followed by physical therapy. The pelvic ring injury and ankle sprain were treated conservatively with light touch down weight bearing. The injured worker remains on pain medications. According to the primary treating physician's progress report on April 1, 2015, the injured worker continues to experience right elbow pain with decreased range of motion, discomfort with reaching, gripping and squeezing. The injured worker rates this pain at 7/10. The injured worker has right ankle pain with ambulation and standing and uses a boot for support. The injured worker rates his lumbar pain level at 5/10 with standing, walking and sitting. There was noted decreased range of motion from the lumbosacral area to the right ankle. Current medications are listed Cyclobenzaprine, Naproxen, Protonix and multiple topical analgesics. Treatment plan consists of further physical therapy, acupuncture therapy, magnetic resonance imaging (MRI) of the pelvis and right hip, medication regimen and the current request for lumbar spine magnetic resonance imaging (MRI).

### 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.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287 - 316.

**Decision rationale:** The patient is a 32-year-old male who fell 25 feet from a roof on 02/12/2015. He had multiple fractures including a right sacral fracture and a right L5-S1 transverse process fracture. On 04/01/2015 has continued to have lumbar pain with decreased range of motion. He had red flag signs of sacral and lumbar fractures (also other fractures). He had a period of conservative treatment. He meets MTUS, ACOEM criteria for imaging studies because of severe trauma with red flag signs and progression of symptoms. The lumbar MRI is medically necessary and consistent with MTUS guidelines.