

Case Number:	CM15-0088513		
Date Assigned:	05/12/2015	Date of Injury:	06/08/2014
Decision Date:	06/24/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	05/08/2015

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: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 30 year old female who sustained an industrial injury on June 8, 2014. She has reported injury to the lumbar spine, right ankle, and left ankle and has been diagnosed with lumbar radiculopathy, lumbar sprain/strain, right ankle sprain/strain, and left ankle sprain/strain. Treatment has included medication and rest. The lumbar examination noted tenderness and myospasms palpable over the left paralumbar muscles with decreased range of motion in all planes due to end range back pain. There was tenderness to palpation of the lumbar paravertebral muscles with muscle spasm. The right ankle palpation revealed nonspecific tenderness. Palpation indicated tenderness at the superior and lateral ankle over the talus on the right. There was decreased ankle range of motion due to pain revealed by tests. There was tenderness to palpation of the anterior ankle, dorsal ankle, and lateral ankle. In the left ankle palpation reveals nonspecific tenderness. Palpation indicated tenderness at the superior and lateral ankle over the talus on the left. There was tenderness to palpation of the anterior ankle, dorsal ankle, and lateral ankle. The treatment request included an abdominal MRI

IMR ISSUES, DECISIONS AND RATIONALES

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

Abdomen MRI: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Abdominal wall: An overlooked source of pain Am Fam Physician. 2001 Aug 1; 64(3):431-439.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hernia/Imaging.

Decision rationale: Medical records in this case request an abdominal MRI in order to evaluate a hernia. ODG states that with regard to evaluation or treatment of a hernia, imaging such as an MRI is not recommended except in unusual situations. The records in this case do not provide a rationale as to why this would be an unusual situation. The request is not medically necessary.