

<b>Case Number:</b>	CM14-0145905		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	05/28/2014
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	08/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2014

### 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 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:

This is a 52 year old female with a 5/28/2014 date of injury. As she was stepping off a pallet onto the concrete floor, her feet slipped causing her to fall, landing on her buttocks and her lower back and left elbow. A progress reported dated 6/2/14 noted subjective complaints of constant 10/10 low back pain. Objective findings included diffuse lumbar paraspinal tenderness and antalgic gait. Neurological exam revealed no deficits. A progress report dated 7/29/14 noted the patient able to walk on heels and toes. There was no tenderness to the hips bilaterally. Diagnostic Impression: lumbago. Treatment to Date: medication management. A UR decision dated 8/22/14 denied the request for MRI pelvis. There is no indication from the clinical information submitted that the patient had any of the diagnosis or injuries to warrant MRI.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI pelvis:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Hip & Pelvis, MRI (magnetic resonance imaging)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and Pelvis Chapter

**Decision rationale:** This is a 52 year old female with a 5/28/2014 date of injury. As she was stepping off a pallet onto the concrete floor, her feet slipped causing her to fall, landing on her buttocks and her lower back and left elbow. A progress reported dated 6/2/14 noted subjective complaints of constant 10/10 low back pain. Objective findings included diffuse lumbar paraspinal tenderness and antalgic gait. Neurological exam revealed no deficits. A progress report dated 7/29/14 noted the patient able to walk on heels and toes. There was no tenderness to the hips bilaterally. Diagnostic Impression: lumbago. Treatment to Date: medication management. A UR decision dated 8/22/14 denied the request for MRI pelvis. There is no indication from the clinical information submitted that the patient had any of the diagnosis or injuries to warrant MRI.