

Case Number:	CM15-0009677		
Date Assigned:	01/27/2015	Date of Injury:	11/19/2014
Decision Date:	03/16/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	01/16/2015

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: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 36 year old male, who sustained a work/ industrial injury when he slipped going down stairs on 11/19/14. He has reported symptoms of pain in the right low back with decreased strength and limited range of motion. The diagnoses have included hematoma of soft tissue, strain of lumbosacral area, and low back pain. On 12/29/14, the treating physician's progress report documented that the low back pain was the same and got worse with sitting. The pain was 10% improved with medication. There was an 8.5 x 4 cm nontender hard mass, fixed in the lumbosacral area with dimpling laterally to the mass. The treating physician initially did not feel it was related to the fall, but no evidence for this opinion was supplied by the physician, and the patient has been consistent in stating it came after the fall and it is diagnosed as a traumatic hematoma. There was tenderness with palpation of the right sacral margin, right sacroiliac, and L4-5 midline. Medications included Norco, Flexeril, and Ibuprofen. Treatment to date has included physical therapy, medication, and exercises. On 1/12/15, Utilization Review non-certified a magnetic resonance imaging (MRI) of lumbar spine without dye (1); MRI of sacrum/coccyx without dye (1), noting the Medical treatment Utilization Schedule (MTUS) - Low Back Complaints Chapter; American College of Occupational and Environmental Medicine (ACOEM) -Low back Chapter.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI lumbar spine w/o dye Qty 1: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines: MRI and (low Back Chapter)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: MTUS Guidelines discourage routine use of spinal MRI scanning unless there are persistent neurological changes or potential red flag conditions. This individual qualifies for a potential red flag condition such as a fracture (that can be missed on initial x-rays). His injury was blunt trauma that was severe enough to cause a large midback hematoma and symptoms of pain have not significantly improved over time with routine conservative care. The request for the lumbar sacral MRI is consistent with Guidelines and is medically necessary.

MRI pelvis w/o dye Qty 1 (MRI Sacrum and Coccyx): Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines: MRI and (low Back Chapter)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: MTUS Guidelines discourage routine use of spinal MRI scanning unless there are persistent neurological changes or potential red flag conditions. This individual qualifies for a potential red flag condition such as a fracture (that can be missed on initial x-rays). His injury was blunt trauma that was severe enough to cause a large midback hematoma and symptoms of pain have not significantly improved over time with routine conservative care. The request for the sacral-coccyx MRI is consistent with Guidelines and is medically necessary. A routine lumbar sacral MRI does not generally include the lower sacral and coccyx area.