

Case Number:	CM13-0051688		
Date Assigned:	12/27/2013	Date of Injury:	09/03/2013
Decision Date:	05/19/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/14/2013

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 Orthopedic Surgery, 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:

The claimant is a 21-year-old gentleman who was injured in a work related accident on September 3, 2013. Recent clinical assessment for review indicates a low back injury secondary to a motor vehicle accident. The December 12, 2013 clinical follow-up report indicated ongoing complaints of low back pain with physical examination showing a mild left foot drop gait pattern with dorsal flexion and peroneal strength on the left at 4/5. The claimant was given the diagnosis of left lower extremity pain, radiculopathy status post lumbosacral strain. An MRI scan was requested due to ongoing complaints of weakness and current clinical findings.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI LUMBAR SPINE: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: Based on California ACOEM Guidelines, an MRI in this instance would appear warranted. CA MTUS states, "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option." • The

claimant's recent clinical picture is consistent with motor weakness and a foot drop pattern. The acute need of imaging given the claimant's current clinical presentation would appear medically necessary.