MAXIMUS Federal Services

Case Number:	CM14-0001073		
Date Assigned:	01/22/2014	Date of Injury:	07/20/2013
Decision Date:	06/13/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	01/03/2014

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 Orhtopedic Surgery, and is licensed to practice in California and Nevada. 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 34-year-old who was injured on July 20, 2013. The progress note dated October 20 13,013 documents complaints of neck, mid back, and low back pain with right lower extremity radicular symptoms and associated numbness. The physical exam documents "positive orthopedic findings, positive neurological findings, decreased and painful cervical and lumbar range of motion." The claimant is also documented as being pregnant which is "complicating the case." The progress note from January 14, 2014 documents a positive bilateral straight leg raise. The mechanism of injury is documented as occurring when a driver and a Van struck the claimant who was a pedestrian. The claimant notes that she was pushed back, but not knocked to the ground. The utilization review in question was rendered on December 17, 2013. The reviewer noncertified the requested MRI noting that the most recent examination that was provided do not document a neurosensory exam or any objective evidence of radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI LUMBAR WITHOUT CONTRAST: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter on Cervical and Thoracic Spine Disorders, Magnetic Resonance Imaging (MRI) Section.

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

Decision rationale: The ACOEM supports the use of MRI in the evaluation and unrelated to the injury. This case presents unique situation where the claimant is also pregnant and as such imaging of the lumbar spine with radiographs or CT scan is contraindicated. Given the chronicity of complaints as well as the document radiculopathy on examination is reasonable and medically necessary to proceed with the requested MRI. Therefore, the request for an MRI Lumbar without contrast is medically necessary and appropriate.