

Case Number:	CM14-0002302		
Date Assigned:	01/24/2014	Date of Injury:	11/02/2006
Decision Date:	09/19/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	01/07/2014

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 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 44-year-old male who was injured on November 2, 2006. The original injury was caused by a motor vehicle collision where the claimant was driving a vehicle that was dragged and flipped after being struck on the driver side door. Medications include Omeprazole, soma, Hydrocodone, and meloxicam. Past medical history is significant for diabetes and hypertension. The clinic note from May 7, 2013 documents subjective complaints of radiculopathy into the lower extremities. This exam documents positive Waddell's signs, a positive straight leg raise bilaterally, and intact sensation in the left lower extremity; however, it is diminished when compared to the right lower extremity. A number of handwritten PR-2 forms are included; they document that the exam is unchanged. The September 4, 2013 note documents radicular symptoms of the left lower extremity, and recommends MRI the lumbar and cervical spine, but does not indicate sensation loss in a specific dermatomal pattern. Clinical documents from December 4, 2013 and January 9, 2014 reflect normal sensation in the lower extremities. These documents also indicate unremarkable examinations of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF THE LUMBAR SPINE WITHOUT CONTRAST: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

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

Decision rationale: The ACOEM supports the use of MRI for the evaluation of chronic low back pain. From a clinical perspective, radicular symptoms have been identified on examination, but specific nerve root compromise has not. That being said, given the consistency of these complaints, it would not be unreasonable to obtain an MRI, as the ACOEM indicates that EMG is not necessary for obvious radiculopathy. As such, the request is medically necessary.