MAXIMUS Federal Services

Case Number:	CM13-0009249		
Date Assigned:	02/03/2014	Date of Injury:	08/31/2007
Decision Date:	07/02/2014	UR Denial Date:	07/31/2013
Priority:	Standard	Application Received:	08/09/2013

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 Occupational 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:

The applicant is a represented [redacted] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of August 31, 2007. Thus far, the applicant has been treated with the following: Analgesic medications; anxiolytic medications; attorney representation; earlier left knee arthroscopy; unspecified amounts of physical therapy; Synvisc injections; antidepressant medications; a cane; and topical compounded drugs. The applicant has also alleged reactive depression, it is incidentally noted. In a Utilization Review Report dated July 31, 2013, the claims administrator apparently denied a request for lumbar MRI and MR arthrogram of the knee. The applicant's attorney subsequently appealed. In a doctor's first report of March 19, 2013, the applicant transferred care to a new treating provider. The applicant was placed off of work, on total temporary disability, and asked to obtain EMG testing and MRI imaging. On June 11, 2013, the applicant presented with low back pain radiating into legs. The applicant had not yet received any of the diagnostic tests previously sought, the attending provider stated. The applicant was described as having a positive McMurray sign about both knees. Straight leg raising was positive about the legs with weakness about the toe dorsiflexors bilaterally, it was stated. Norco, Prilosec, and Naprosyn were endorsed while the applicant was again placed off of work, on total temporary disability. On June 14, 2013, the applicant did apparently undergo MRI imaging of the knee, notable for a partial-thickness tear of the medial collateral ligament, significant thinning of the articular cartilage of the medial tibiofemoral joint, and significant thinning of the medial meniscus with evidence of tricompartmental osteoarthritis. Lumbar MRI imaging of June 13, 2013 was notable for comments that the applicant had multilevel disk bulging, diffuse, low grade, of uncertain clinical significance. Disk desiccation was also noted. On September 12, 2013, the attending provider apparently sought authorization for epidural steroid injection therapy and knee Synvisc

injections. The applicant was again placed off of work, on total temporary disability. It was stated that the applicant could be a candidate for a total knee arthroplasty if the Synvisc injections were unsuccessful.

IMR ISSUES, DECISIONS AND RATIONALES

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

REPEAT MRI LUMBAR SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304.

Decision rationale: As noted in the ACOEM Guidelines, imaging studies should be reserved for cases in which surgery is being considered and/or red flag diagnoses are being evaluated. In this case, there was no indication or evidence that the applicant was/is actively considering or contemplating lumbar spine surgery. There is no evidence that the multilevel disk bulges appreciated on lumbar MRI imaging appreciably altered or changed the treatment plan. Therefore, the request is not medically necessary.

MR ARTHROGRAM LEFT KNEE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Third Edition, Knee Chapter, Diagnostic Testing section.2. ACOEM Practice Guidelines, Third Edition, Knee Chapter, Diagnostic and Treatment Considerations section.

Decision rationale: As noted in the ACOEM Guidelines, MR arthrograms are recommended for select applicants who require advance imaging of the menisci and articular cartilage following procedures such as chondrocyte implantation. In this case, there is no indication or evidence that the proposed MR arthrogram would alter the treatment plan. The applicant has a diagnosis of knee arthritis, apparently established on the strength of non-contrast knee MRI imaging. The proposed knee MR arthrography is not medically necessary and appropriate.