

<b>Case Number:</b>	CM13-0016794		
<b>Date Assigned:</b>	11/06/2013	<b>Date of Injury:</b>	03/08/2011
<b>Decision Date:</b>	02/05/2014	<b>UR Denial Date:</b>	08/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery and Sports 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 physician 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 patient is a 64-year-old female who reported an injury on 03/08/2011. The patient is diagnosed with internal derangement of the right knee with meniscus tear. The only clinical documentation submitted for review was an operative report dated 09/26/2013 by [REDACTED]

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG, Low Back Chapter.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Magnetic Resonance Imaging (MRI).

**Decision rationale:** California MTUS/ACOEM Practice Guidelines state, if physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause, including an MRI for neural or other soft tissue abnormality. There was no documentation of a recent physical examination. Therefore, it is unknown whether the patient demonstrates any neurological deficit. The patient does not maintain a diagnosis of radiculopathy or myelopathy. There is no evidence

of a failure to respond to at least 1 month of conservative care prior to the request for an imaging study. There is also no evidence of thoracic or lumbar spine trauma. There were no plain films obtained prior to the request for an MRI. Based on the lack of clinical information received, the request is non-certified.