

<b>Case Number:</b>	CM13-0035521		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	04/18/2013
<b>Decision Date:</b>	02/12/2014	<b>UR Denial Date:</b>	10/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/17/2013

### 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 Physical Medicine and Rehabilitation 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 24-year-old male who reported a work related injury on 04/18/2013, as the result of cumulative trauma. Subsequently, the patient presented for treatment of the following diagnoses, right knee strain and non work related chronic low back pain. A clinical note dated 09/20/2013 reports the patient presents with worsening pain to the mid back, low back, and right knee. The patient reports low back pain that radiates to the right buttocks. Pain is worse upon lifting, forward bending, and climbing. Lumbar spine tenderness upon palpation of the paracervicals was noted, positive myospasms, limited range of motion, and right knee restricted range of motion with tenderness upon palpation of the joint line.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints Page(s): 303, 341. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back Chapter - lumbar and thoracic.

**Decision rationale:** The current request is not supported. The most recent clinical notes submitted for review requested MRIs of the patient's lumbar spine, thoracic spine, and right

knee; however, documentation of any significant objective findings of neurological, sensory, or motor deficits were not evidenced. Additionally, it is unclear if the patient has undergone plain view x-rays of the thoracic spine, lumbar spine, or right knee. As the guidelines indicate, if the neurologic examination is less clear, further physiologic evaluation of nerve dysfunction can be obtained before ordering an imaging study. Given all of the above, the request for MRI is not medically necessary or appropriate.