

Case Number:	CM13-0038805		
Date Assigned:	12/18/2013	Date of Injury:	01/09/2012
Decision Date:	02/10/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/02/2013

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, has a subspecialty in Interventional Spine and is licensed to practice 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:

This is a 35 year-old female who injured her low back on 1/09/12 from lifting a 40-lbs box. She has been diagnosed with: lumbago; lumbar radiculitis/neuritis; and enthesopathy of the right knee. The IMR application shows a dispute with the 9/25/13 UR decision. The 9/25/13 UR letter is from [REDACTED], and is for retrospective denial of a lumbar MRI performed on 7/5/13, a right knee MRI performed on 7/5/13, and the functional capacity evaluation performed on 6/19/13. The requests appear to be from the initial evaluation by [REDACTED] on 5/31/13, where he notes a prior lumbar MRI from March 2012 showed damage in the lower back. There were 12 sessions of PT without benefit, then in June 2012 the patient began to have pain in the neck and right knee. There was an epidural injection in March 2013 without benefit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective lumbar MRI for DOS 7/5/2013: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter

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

Decision rationale: MTUS/ACOEM topics gives criteria for lumbar MRIs, but does not specifically discuss repeat MRIs. ODG guidelines were consulted for repeat MRIs. The 5/31/13 report from [REDACTED] states the patient has prior MRI from March 2012. There was no description of the findings, but it was also mentioned that the patient underwent an unsuccessful ESI in March 2013. Back pain was severe 9/10 on 5/31/13, but there is no description or exam findings or radicular symptoms along any particular dermatomal/nerve root distribution. MTUS/ACOEM states: "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option." The patient does not have objective findings to suggest specific nerve compromise, and does not meet MTUS/ACOEM criteria for a lumbar MRI. ODG guidelines state: "Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation)." There has been no reported change in symptoms or findings of significant pathology that would meet the ODG criteria for a repeat lumbar MRI. The repeated lumbar MRI performed on 7/5/13 does not meet MTUS/ACOEM or ODG criteria, and on hindsight, does not show any significant findings related to the patient's complaints.

Retrospective right knee MRI for DOS 7/5/2013: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): s 341-343.

Decision rationale: This is an unusual situation. The physical exam on 5/31/13 was essentially negative for internal derangement, range of motion was full, but painful with circumduction. There was no history of trauma to the knee, and apparently the symptoms started in June 2012 when she was not working. She was off work since February 2012. The patient did not appear to meet the MTUS/ACOEM criteria for the knee MRI on the 5/31/13 report, but the MRI was performed on 7/5/13. The 7/5/13 MRI showed tricompartmental OA, and a Bucket handle tear posterior horn of the lateral meniscus with flipped meniscal fragment seen centrally. These are significant findings that beneficial to physician in coordinating care, and for his determination of impairment, apportionment and causation. MTUS/ACOEM states: "Special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation." While the patient did not meet the clinical criteria from the ACOEM/American College of Radiology criteria, there had been persistent pain after about a year of conservative care and observation. The knee MRI is consistent with the MTUS/ACOEM statement above.

Retrospective initial Functional Capacity Evaluation (FCE) for DOS 6/19/2013: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), Chapter 7

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), Chapter 7, pgs. 137-138

Decision rationale: MTUS does not discuss functional capacity evaluations. ACOEM chapter 7, was not adopted into MTUS, but would be the next highest-ranked standard according to LC4610.5(2)(B). ACOEM does not appear to support the functional capacity evaluations and states: "Functional capacity evaluations may establish physical abilities, and also facilitate the examinee/employer relationship for return to work. However, FCEs can be deliberately simplified evaluations based on multiple assumptions and subjective factors, which are not always apparent to their requesting physician. There is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace; an FCE reflects what an individual can do on a single day, at a particular time, under controlled circumstances, that provide an indication of that individual's abilities. As with any behavior, an individual's performance on an FCE is probably influenced by multiple nonmedical factors other than physical impairments. For these reasons, it is problematic to rely solely upon the FCE results for determination of current work capability and restrictions." The functional capacity evaluation does not appear to be in accordance with ACOEM guidelines.