MAXIMUS Federal Services

Case Number:	CM13-0048008		
Date Assigned:	12/27/2013	Date of Injury:	12/26/2010
Decision Date:	02/28/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	11/04/2013

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 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 68-year-old female with date of injury on 12/26/2010. The progress report dated 07/23/2013 by [redacted] indicated that the patient's diagnosis includes: Lumbar radiculopathy, bilateral knee internal derangement, rule out hip fracture. The patient continues with significant low back pain, bilateral knee pain. The patient suffered a fall about 2 weeks prior to this evaluation. She reported that she fell because the left knee gave out. She had difficulty walking and difficulty lying on that side. She has not had any recent studies after the fall to determine if there are any fractures. She completed physical therapy, but remains symptomatic. Exam findings include paravertebral muscle tenderness. Range of motion is restricted. Straight leg raising test is positive bilaterally. Motor strength is grossly reduced in both legs. Sensation is reduced in bilateral feet. Knee exams shows joint line tenderness to palpation and positive McMurray's in the bilateral knees. The left hip showed tenderness over the greater trochanter. Range of motion is decreased in flexion/abduction. The request was made for MRI of the left hip as well as the low back and her left knee. She has not had any recent diagnostic studies.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI; Lumbar: Overturned

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

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

Decision rationale: The records indicate that the patient had a recent fall in July of 2013. She underwent a course of physical therapy, but remained symptomatic with increased low back pain, left hip, and bilateral knee pains. Exam findings on 07/23/2013 indicated the patient had positive straight leg raising test bilaterally and motor strength were grossly reduced in both legs. Prior examination by [redacted] on 1/9/13 had a negative SLR with intact motor examination. [redacted]. [redacted] mentions the patient's prior MRI from 2011 that showed 6mm dis L3-4 with severe bilateral foraminal stenosis, 5mm disc with severe spinal stenosis at L4-5, and L5-1. Her treatments did include an injection to the L-spine on 9/23/13 without much relief. ACOEM guidelines recommend specialized studies for progressive neurologic deficit and when surgery is being considered. In this patient, there has been a progression of symptoms with weakness in the legs, positive SLR's compared to before. The patient's prior MRI's show severe stenotic changes and it would be reasonable to obtain an updated MRI for surgical planning. Recommendation is for authorization.