

Case Number:	CM13-0048424		
Date Assigned:	12/27/2013	Date of Injury:	12/27/2012
Decision Date:	03/07/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	11/05/2013

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 & 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 reported an injury on 10/27/2012 after the patient was pulling a heavy pallet of batteries, which caused a twisting motion of her left knee. The patient was initially treated with a knee brace, physical therapy, injections, and medications. The patient underwent an MRI of the knee that did not provide any abnormal findings. The patient underwent 12 additional sessions of physical therapy directed towards the lumbar spine. The patient underwent an MRI of the lumbar spine on 03/07/2013 that revealed a disc bulge with slight left neural foraminal encroachment at the L2-3 and a disc bulge at the L5-S1 without any evidence of neurologically related pathology. The patient's most recent clinical examination findings revealed 7/10 pain of the lower back and 9/10 pain of the left knee. Evaluation of the lumbar spine revealed tenderness to palpation and palpable muscle spasms with restricted range of motion and a positive straight leg raising test bilaterally without any changes in the patient's neurocirculatory system. The patient's diagnoses included lumbar spine musculoligamentous sprain/strain with radiculitis, left knee sprain/strain, and sleep disturbances secondary to pain. The patient's treatment plan included continuation of physical therapy for the lumbar spine and left knee, and topical medications with an additional MRI of the lumbar spine and left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic Resonance Imaging Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

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, MRI..

Decision rationale: The requested Magnetic Resonance Imaging Lumbar Spine is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommends imaging studies when there is evidence of neurological deficits that require further diagnostic studies. The clinical documentation submitted for review did provide evidence of a straight leg raising test bilaterally. However, there was no evidence of motor strength deficits, reflex deficits, or subjective complaints of disturbed sensation in specific dermatomal distributions. Additionally, Official Disability Guidelines do not recommend the use of repeat imaging unless there is evidence of a significant progression in neurological deficits or the suspicion of a change in pathology. The clinical documentation submitted for review does not provide any evidence that the patient has had progressive neurological deficits since the prior MRI in 03/2013. Additionally, there is no documentation that the patient has had a change in pathology to support the need for additional imaging. As such, the requested Magnetic Resonance Imaging Lumbar Spine 72148 is not medically necessary or appropriate.