

Case Number:	CM13-0048623		
Date Assigned:	12/27/2013	Date of Injury:	08/28/2004
Decision Date:	03/10/2014	UR Denial Date:	09/20/2013
Priority:	Standard	Application Received:	11/06/2013

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 08/28/2004. The mechanism of injury was reported the patient hit the ceiling of a plane and landed on military weapons and lodged between the seats. Another injury was reported on 01/03/2008 when the patient returned to work and tripped over a rag and experienced an onset of low back and right leg pain. The patient continues to complain of low back pain. The patient also complained of knee pain. The patient stated the pain is aggravated by coughing and sneezing. It is also aggravated by prolonged standing, walking, and sitting activities. The patient reported some clicking, popping, and locking of the knees along with episodes of swelling. Physical examination of the lumbar spine revealed decreased range of motion, mildly decreased muscle strength in the lower extremities, and bilateral sitting straight leg raise test. The patient had an MRI of the left knee that revealed cyst in the left knee and torn meniscus that required surgery. The patient had an MRI of the lumbar spine that revealed damage. The patient has been treated with medication and surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar MRI with contrast: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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, Low Back, MRIs

Decision rationale: California MTUS states unequivocal objective findings that identify specific nerve compromise on the neurological exam are sufficient evidence to warrant imaging in patients who do not respond to treatment or who would consider surgery an option. The patient continued to complain of low back pain and knee pain. However, no objective clinical documentation was submitted for review indicating the patient did not respond to conservative treatment. Also, the patient has had a previous MRI. Official Disability Guidelines do not recommend repeat MRIs unless there is a significant change in symptoms. The documentation does not indicate that the patient has had a change in symptoms. Given the lack of documentation to support guideline criteria, the request is non-certified.