

Case Number:	CM13-0068084		
Date Assigned:	01/03/2014	Date of Injury:	10/27/2012
Decision Date:	10/01/2014	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	12/18/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert 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 expert 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 injured worker is a 52 year old female who reported an injury on 10/27/2012. The mechanism of injury was twisting of her left knee. Her diagnoses included internal derangement of the left knee, degenerative tear of the medial and lateral meniscus, chondromalacia of the patella and medial and lateral compartments of the left knee, lumbar sprain/strain, and left lower extremity radiculopathy. Her treatment had consisted of physical therapy and medications. An 11/13/2013 clinical note showed that the injured worker complained of low back and left ankle pain. Physical exam findings included tenderness to the lumbar spine, left knee, and left ankle. Her medications included Naproxen, Omeprazole, and Cyclobenzaprine. The treatment plan was for imaging MRI of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Lumbar Spine: Upheld

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): 296-297.

Decision rationale: As stated in the ACOEM Guidelines, 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 conservative treatment. The injured worker was noted to have physical examination findings of tenderness to the lumbar spine. However, there was no evidence of neurologic dysfunction noted. In the absence of specific neurological deficits, an MRI is not supported. As such, the request is not medically necessary.