

<b>Case Number:</b>	CM14-0001076		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	11/30/2012
<b>Decision Date:</b>	08/14/2014	<b>UR Denial Date:</b>	12/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/03/2014

### 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 Illinois. 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 60-year-old female who reported an injury on 11/30/2012. The mechanism of injury was a fall. Her diagnoses include knee sprain/strain and derangement of meniscus. Previous treatments included 20 sessions of physical therapy. Per the clinical note dated 10/23/2013, the injured worker had complaints of left knee and hip pain rated at 5/10. The treatment plan included a refill for medications and a functional capacity evaluation. Per the clinical note dated 12/05/2013, the injured worker reported she had pain of the left knee and left buttock area. She rated the pain at a 6/10 and stated it was aggravated by prolonged walking. On physical examination, the physician reported the patient had a positive total thrombocytopenic purpura of the left knee and hip joint. The treatment plan included a recommendation for an MRI of the bilateral hips and lumbar spine. On 12/19/2013, an MRI of the lumbar spine without contrast was performed and the impression was an L5-S1 central protrusion measuring 2 mm. The current request is for MRI of the lumbar spine. The rationale for the request was not provided. The request for authorization was provided on 12/05/2013.

### 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): 303-305.

**Decision rationale:** The California MTUS ACOEM Guidelines state imaging study may be appropriate for a patient whose limitations due to constant symptoms have persisted for 1 month or more to further evaluate the possibility of potential serious pathology such as a tumor. Imaging studies should be reserved for cases in which surgery is considered or red flag diagnoses are being evaluated. The clinical documentation provided indicated the patient had complaints of low back and hip pain. However, there was no documentation to indicate the injured worker had participated in initial conservative treatment with medications, physical therapy, and exercise. As the rationale was not provided for the MRI would not be supported. As such, the request for an MRI of the lumbar spine is not medically necessary.