

<b>Case Number:</b>	CM14-0001213		
<b>Date Assigned:</b>	01/22/2014	<b>Date of Injury:</b>	03/05/1998
<b>Decision Date:</b>	08/04/2014	<b>UR Denial Date:</b>	12/31/2013
<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 Occupational Medicine 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:

This is a 49 year-old female who has reported neck, shoulder, wrist, elbow, back, leg, and knee pain after an injury on 03/05/1998 as well as other injury dates. The diagnoses have included elbow epicondylitis, spine strains, hand pain, depression, and hip pain. Treatment has included shoulder surgery, physical therapy, and medications. On 11/21/13, the injured worker was noted to have neck and other pain. There were no findings in the neck of any significant pathology. The MRI was requested due to a "flare-up" of neck pain. There was a mention of knee pain, no physical examination of the knee, and a request for a knee MRI. No indications were listed. The prior reports from this treating physician do not provide significantly different information regarding medical necessity for imaging of the knee or neck. On 12/30/13 Utilization Review non-certified MRIs of the knee and neck, noting the lack of specific clinical indications and the recommendations of the MTUS. These Utilization Review decision were appealed for an Independent Medical Review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the Cervical Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

**Decision rationale:** The ACOEM Guidelines 2nd Edition portion of the MTUS provides direction for performing imaging of the spine. Based on the available physician reports, there is insufficient medical necessity to proceed with MRI of the cervical spine. The MTUS criteria for imaging of the spine are based on the presence of very good clinical evidence of significant pathology in the spine. Ongoing pain or non-specific radiating symptoms do not constitute a sufficient basis for performing an MRI. The treating physician has not documented any specific neurological deficits or other signs of significant pathology. The MRI is not medically necessary based on the recommendations in the MTUS.

**MRI of the Right Knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 347.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 332-335, 341, 343, 344-345, 347.

**Decision rationale:** Per the ACOEM Guidelines Page 341, special studies are not needed to evaluate most knee conditions until after a period of conservative care and observation. Page 343 lists surgical indications: activity limitation for more than one month, failure of an exercise program. Pages 344-5 discuss focal pathology amenable to surgery. Page 347 lists the clinical findings which indicate the need for surgery. In this case the question would be whether there is a realistic possibility of significant intra-articular pathology and need for surgery after a failure of conservative care. The available reports do not adequately explain the kinds of conservative care already performed. The necessary components of the knee exam are not present, see pages 332-335 of the ACOEM Guidelines. The MRI is not medically necessary based on the MTUS and lack of specific indications.