

Case Number:	CM14-0001539		
Date Assigned:	01/22/2014	Date of Injury:	07/19/2008
Decision Date:	04/22/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	01/02/2014

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 Family Practice 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 patient is a 48-year-old female who reported an injury on 07/19/2008; mechanism of injury was not provided for review. The patient ultimately developed chronic low back pain and bilateral knee pain. The patient's most recent clinical evaluation documented the patient had multilevel disc protrusions. The patient's chronic pain was managed with multiple medications. The patient's most recent physical examination documented that the patient had low back pain radiating into the lower extremities rated at 7/10 without medications and 4/5 with medications. The patient's diagnoses included lumbar sprain/strain with lower extremity radiculitis, disc protrusions, tear of the medial meniscus of the right knee, osteoarthritis of the right knee, status post right knee arthroscopy with partial medial meniscectomy, internal derangement of the left knee, and probable tear of the lateral meniscus of the left knee. The patient's treatment plan included an additional MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI WITHOUT CONTRAST FOR THE LUMBAR SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, MRI

Decision rationale: The requested MRI without contrast of the lumbar spine is not medically necessary or appropriate. American College of Occupational and Environmental Medicine recommends imaging studies for patients who have evidence of neurological deficits on physical examination that require further diagnostic studies. The patient's most recent clinical evaluation does not provide any objective physical findings to support subjective complaints of radicular pain. Additionally, it is noted that the patient has had previous lumbar MRIs. It was noted that the patient underwent an MRI in 08/2012 that "showed improvement." As this MRI was not submitted for review, an additional MRI would not be supported. Official Disability Guidelines do not recommend routine repeat imaging in the absence of progressive neurological deficits or significant change in the patient's pathology. The clinical documentation submitted for review fails to provide any evidence the patient has significant progressive neurological deficits that would require an additional imaging study. As such, the requested MRI without contrast of the lumbar spine is not medically necessary or appropriate.