

Case Number:	CM14-0006243		
Date Assigned:	01/24/2014	Date of Injury:	06/29/2012
Decision Date:	06/19/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	01/16/2014

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:

The patient has submitted a claim of low back pain and knee pain associated from an industrial injury date of June 29, 2012. Treatment to date has included left knee partial medial meniscectomy, complete synovectomy and surface chondroplasty of patellofemoral joint (11/18/12), right knee arthroscopy with partial medial and lateral meniscectomy and chondroplasty with partial synovectomy (6/18/13), physical therapy, acupuncture, knee brace, TENS, and medications with include Celebrex, Norco, Ambien, Relafen, Zanafen, tramadol, ibuprofen, Naprosyn, and ibuprofen/cyclobenzaprine compound. Medical records from 2013 were reviewed, the latest of which dated November 25, 2013 revealed that the patient was very happy with the surgical result. There was still pain but it was less than it was before the surgery. The main complaint was pain radiating down to the left leg as well as pain in the right knee. Right knee gave away. Standing and walking increased pain. On physical examination, the patient has an antalgic gait on the right side. On examination of the lumbar spine, the patient was unable to walk on the heels or tiptoes secondary to pain. There was decreased sensation on the left S1 distribution. Straight leg raising test was positive on the left. There was weakness to the right knee extension and flexion. An MRI of the lumbar spine done last March 13, 2013 revealed that there is mild disc degeneration at L4-5. There is a 2.5-3mm broad based posterior disc protrusion results in mild bilateral L4-5 lateral recess stenosis. There is mild to moderate disc degeneration at L5-S1 with a 2-3mm posterior disc protrusion most pronounced centrally that does not significantly impinge. Posterior disc contour is otherwise preserved throughout the lumbar spine without evidence of neural impingement or spinal canal stenosis.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, OCCUPATIONAL MEDICINE PRACTICE GUIDELINES, 2ND EDITION LOW BACK COMPLAINTS, 308-310

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATION AND ENVIRONMENTAL MEDICINE (ACOEM) 2ND EDITION, LOW BACK CHAPTER, 303-304

Decision rationale: As stated on pages 303-304 of the ACOEM Practice Guidelines, 2nd Edition (2004) referenced by CA MTUS, imaging of the lumbar spine in patients with red flag diagnoses where plain film radiographs are negative; unequivocal objective findings that identify specific nerve compromise on the neurologic examination, failure to respond to treatment, and consideration for surgery. In addition, Official Disability Guidelines recommends MRI for the lumbar spine for uncomplicated low back pain, with radiculopathy, after at least 1 month conservative therapy, sooner if severe or progressive neurologic deficit. In this case, the patient had MRI of the lumbar spine done last March 13, 2013 which revealed mild to moderate disc degeneration with posterior disc protrusion without evidence of neural impingement or spinal canal stenosis. In the recent clinical evaluation, the patient still complains of low back pain; however, there is no worsening of subjective complaints and objective findings that may warrant further investigation by utilizing MRI. Therefore, the request for MRI of the lumbar spine is not medically necessary.