

<b>Case Number:</b>	CM14-0007952		
<b>Date Assigned:</b>	02/10/2014	<b>Date of Injury:</b>	07/06/2001
<b>Decision Date:</b>	07/03/2014	<b>UR Denial Date:</b>	01/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2014

### 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 is a 54-year-old who has submitted a claim for status post left knee replacement with ongoing left knee pain, right knee pain due to compensation, right hip degenerative joint disease likely due to compensation of her left leg symptoms, and lumbar degenerative disc disease with possible lumbar radiculopathy associated with an industrial injury date of July 6, 2001. Medical records from 2013 were reviewed. Patient complained of right hip pain, graded 10/10. The pain was characterized as sharp and constant. It was worse with abduction and feels cautious while walking due to pain. There was also left knee pain grade 7-8/10 with constant edema and lateral knee numbness. She denies radiation but feels that her legs are weak. In addition, there was burning/tingling to the top of her feet at night. The pain was alleviated with elevation of the legs. It was worse with prolonged walking, prolonged sitting, prolonged standing, overhead activities, stooping, bending forward and backward, lifting, and carrying. Physical examination of the lumbar spine showed asymmetry or abnormal curvature on inspection. Range of motion was restricted with flexion limited to 65 degrees and extension limited to 10 degrees. There was tenderness on the paravertebral muscles. Tenderness was also noted over the groin and trochanter. FABER test was positive. Pain was felt at greater trochanter with internal hip rotation and pain at the groin with FABER test. For the left knee, there was noted surgical scars and 1+ non-pitting edema. Range of motion was restricted with flexion and extension. There was tenderness on the lateral and medial joint line as well as the patella. Motor testing of the hips and lower extremities was 4/5. For the sensory examination, light touch sensation was decreased over the left lateral knee. There was also decreased deep tendon reflex on the knee and ankle bilaterally. X-ray of the pelvis done on April 29, 2013 showed right hip with moderate degenerative joint disease. Official report of the imaging study was not made available. Treatment to date has included medications, physical therapy, TENS, home exercise program,

and epidural steroid injections. Utilization review, dated January 13, 2014, denied the request for lumbar MRI because it may only serve to complicate the clinical picture and may produce results that have no temporal association with the current conditions.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **LUMBAR MRI: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

**Decision rationale:** According to the Low Back Complaints Chapter of the American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines, imaging of the lumbar spine is supported 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 this case, the patient has been complaining of persistent hip and knee pain with limited relief on steroid injections, physical therapy, TENS (transcutaneous electrical nerve stimulation), medications and exercise. There was objective evidence of nerve compromise such as decreased deep tendon reflex, decreased light touch sensation, and decreased muscle strength. It was stated on the progress report, dated December 30, 2013, that lumbar MRI was recommended because of the consideration for lumbar radiculopathy as possible etiology for the left lower extremity pain. Previous lumbar spine x-rays showed severe degenerative disc disease and grade one to two spondylolisthesis at L5-S1. It was also stated that the imaging study was recommended for a possible lumbar epidural steroid injection in the future. The request for a lumbar MRI is medically necessary and appropriate.