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| <b>Case Number:</b>   | CM14-0108558 |                              |            |
| <b>Date Assigned:</b> | 09/19/2014   | <b>Date of Injury:</b>       | 10/17/2003 |
| <b>Decision Date:</b> | 10/21/2014   | <b>UR Denial Date:</b>       | 06/25/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/11/2014 |

### 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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 52-year-old female who reported an injury on 10/17/2013. The mechanism of injury was not provided. The injured worker's diagnoses included degeneration of lumbar or lumbosacral intervertebral disc, personal history of tobacco use, unspecified hyperlipidemia, and diabetes mellitus. The injured worker's past treatments included medications and physical therapy. The injured worker's diagnostic testing was not provided. The injured worker's surgical history included bilateral arthroscopic knee surgeries, date not provided. On the clinical note dated 06/30/2014, the injured worker complained of pain all over. The injured worker's medical records indicated that range of motion was not tested. The injured worker's medications included cyclobenzaprine 10 mg, 3 times a day; glipizide 10 mg, 2 tablets twice a day; Lyrica 100 mg, twice a day; morphine 16 mg ER, every 4 hours. The request for MRI scan of the right knee and x-rays of the thoracic spine. The rationale for the request was not submitted for review. The Request for Authorization form was not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI Scan of the right knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guideline (ODG) Treatment Workers Compensation (TWC) Knee Leg

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints  
Page(s): 341-343.

**Decision rationale:** The request for MRI scan of the right knee is not medically necessary. The injured worker was diagnosed with status post bilateral arthroscopic knee surgeries. The injured worker was diagnosed with degeneration of lumbar or lumbosacral intervertebral disc, unspecified hyperlipidemia, and diabetes mellitus. The injured worker complains of pain all over. The California MTUS/ACOEM Guidelines recommend MRI when there is an emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, or clarification of the anatomy prior to an invasive procedure is needed. Physiologic evidence may be in the form of definitive neurologic findings on physical examination, Electrodiagnostic studies, laboratory tests, or bone scans. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic exam is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Reliance only on imaging studies to evaluate the source of knee symptoms may carry significant risk of diagnostic confusion because of the possibility of identifying a problem that was present before symptoms began and, therefore, has no temporal association with the current symptoms. There is a lack of documentation which demonstrates that conservative care has failed to provide relief. The medical records lack indication of a significant change in symptoms or findings which indicate significant pathology. There is a lack of documentation of significant neurologic deficits upon physical examination. As such, the request for MRI scan of the right knee is not medically necessary.

**X-rays of the thoracic spine:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

**Decision rationale:** The request for X-rays of the thoracic spine is not medically necessary. The injured worker was diagnosed with degeneration of lumbar or lumbosacral intervertebral disc the injured worker complains of pain all over. The California MTUS/ACOEM Guidelines state for most patients presenting with true neck or upper back problems, special studies are not needed unless a 3 to 4 week period of conservative care and observation fails to improve symptoms. Most patients improve quickly provided any red flag conditions are ruled out, such as emergence of red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, or clarification of the anatomy prior to an invasive procedure is needed. Physiologic evidence may be in the form of definitive neurologic findings on physical examination, Electrodiagnostic studies, laboratory tests, or bone scans. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. There is a lack of documentation which demonstrates that conservative care has failed to provide relief. The

medical records lack indication of a significant change in symptoms or findings which indicate significant pathology. There is a lack of documentation of significant neurologic deficits upon physical examination. As such, the request for X-rays of the thoracic spine is not medically necessary.