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| Case Number: | CM14-0109296 | | |
| Date Assigned: | 08/01/2014 | Date of Injury: | 05/12/2010 |
| Decision Date: | 09/15/2014 | UR Denial Date: | 06/26/2014 |
| Priority: | Standard | Application Received: | 07/14/2014 |

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 Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in Texas. 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 57 year old male whose date of injury is 05/15/10 when he tripped and twisted his left knee. After failing a course of conservative care the injured worker underwent left knee arthroscopy with medial meniscectomy followed by post-op physical therapy. The injured worker also underwent viscosupplementation in 09/2010. The injured worker also has complaints of low back pain. Medications were noted to include Norco, Valium, and Voltaren gel. The records indicate that the injured worker had a lumbar spine MRI in 2010 that showed significant lumbar degenerative changes, but no radiology report was provided. An x-ray of the lumbar spine on 09/26/13 was noted to show advanced degenerative changes with disc space narrowing and spondylosis at L4-5 and L5-S1; grade one L4-5 anterior slip; some degenerative changes at L23- and L1-2; no acute bony changes or fractures noted. The injured worker was seen on 06/10/14 with complaints of painful knees and low back pain. His low back pain seems worse now that the injured worker is limping more. On examination he has left sided lower back tenderness; range of motion includes lumbar extension of 8 degrees and forward flexion of 90 degrees; he reaches to 8" of toe touch and has discomfort with forward bending; straight leg raise is quite tight to 15 degrees bilaterally.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI L/S Repeat Without Contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back Chapters.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, MRIs (magnetic resonance imaging).

Decision rationale: Per ACOEM guidelines, unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computer tomography [CT] for bony structures). Current evidence-based guidelines also reflect that repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation). Per appeal letter dated 07/10/14 the injured worker has localized low back pain that does not radiate into his legs. On examination there were no motor, sensory or reflex deficits identified indicative of lumbar radiculopathy. There is no comprehensive history of treatment for the low back. Based on the clinical information provided, given the lack of evidence of any significant change in symptomatology with no evidence of lumbosacral radiculopathy or progressive neurologic deficit, medical necessity is not established for MRI L/S repeat without Contrast. The request is not medically necessary.