

<b>Case Number:</b>	CM14-0010404		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	05/31/2005
<b>Decision Date:</b>	08/06/2014	<b>UR Denial Date:</b>	01/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/24/2014

### 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 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 67-year-old female with a 5/31/05 date of injury. The 1/28/14 progress report described painful knees. Physical exam showed a genu valgum deformity of the right lower extremity and left lower extremity while walking. Examination of the back showed normal range of motion without swelling, atrophy, or spasm. Her diagnoses included severe arthropathy of the knee, among other internal medicine diagnoses. The 12/24/13 progress report states that the knee pain is worse. There has not been any surgical intervention to the back. Neurologic examination showed no lateralizing deficits. The 12/9/13 progress report describes knee and low back pain. There was good coloration of permanent and stationary status in December of 2011. There are complaints of knee pain, shoulder pain, foot numbness, and low back pain. Physical exam showed some diminished range of motion, diminished sensory of the left leg and ankle/dorsal foot, and normal motor. There is a recommendation for future medical treatment to include pain management, aquatic therapy, epidural injections, and if this fails, microdiscectomy possibly at L4-5 and L5-S1. There is an MRI described of the lumbar spine from 6/28/13 showing multilevel degenerative changes, severe foraminal narrowing at L5-S1 with impingement on the exiting left L5 nerve root, moderate narrowing of both lateral recesses at the L4-5 level, mild canal stenosis, and mild narrowing of the lateral recesses at L3-4, severe narrowing of the lateral recesses and foramina at L2-3 with encroachment on the central L3 nerve root and the exiting right L2 nerve root. There is a 5-mm grade 1 anterolisthesis of L4 on L5 secondary to severe osteoarthritis of the L4-5 facet joints and 2 mm of retrolisthesis of L3 on L4. 3 mm of retrolisthesis of L2 on L3. 2 mm of retrolisthesis of L1 on L2.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OUTPATIENT MRI OF THE LUMBAR SPINE:** Upheld

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

**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.

**Decision rationale:** The California MTUS Guidelines supports 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 this case, there is a described MRI with multilevel degenerative change and varying degrees of stenosis and impingement. It has not been established in this case that there is a change or progression in neurologic findings to warrant repeat imaging. Therefore, the request for outpatient MRI of the lumbar spine is not medically necessary and appropriate.