

<b>Case Number:</b>	CM14-0013782		
<b>Date Assigned:</b>	02/26/2014	<b>Date of Injury:</b>	12/15/2006
<b>Decision Date:</b>	06/26/2014	<b>UR Denial Date:</b>	01/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/04/2014

### 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back and knee pain reportedly associated with an industrial injury of December 15, 2006. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; earlier total knee arthroplasty; transfer of care to and from various providers in various specialties; and extensive periods of time off of work. In a Utilization Review Report of January 28, 2014, the claims administrator denied a request for lumbar MRI imaging, citing both MTUS and non-MTUS Guidelines. The applicant's attorney subsequently appealed. A December 20, 2013 progress note is sparse, difficult to follow, and notable for ongoing complaints of left knee pain. The applicant had severe tenderness about the knee with surgical swelling and limited range of motion noted about the same. MRI imaging of both body parts was sought to delineate the extent of the applicant's current pathology. The applicant was placed off of work, on total temporary disability.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **MRI, LUMBAR SPINE WITHOUT CONTRAST: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation ODG Low Back (updated 12/27/13) MRIs (magnetic resonance imaging).

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

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, page 304, imaging studies should be reserved for cases in which surgery is being actively considered and/or contemplated and/or red-flag diagnoses are being evaluated and/or considered. In this case, however, there was no clearly voiced suspicion of any red-flag issue such as fracture, tumor, and/or infection which would compel lumbar MRI imaging. Therefore, the request is not medically necessary.