

<b>Case Number:</b>	CM14-0019880		
<b>Date Assigned:</b>	04/28/2014	<b>Date of Injury:</b>	10/26/2011
<b>Decision Date:</b>	07/08/2014	<b>UR Denial Date:</b>	02/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/18/2014

### 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 an employee of [REDACTED] and has submitted a claim for low back pain and right knee pain associated with an industrial injury date of October 26, 2011. The treatment to date has included physical therapy, home exercise program, pool therapy, and medications which include Oxycontin and Voltaren. Medical records from 2013-2014 were reviewed the latest of which dated March 24, 2014, which revealed that the patient reports mobility and strength improvement since the beginning of pool therapy. There is still limitation in his daily activities like personal hygiene, lifting, bending. He is still off work. On physical examination, range of motion was limited with lumbosacral flexion to approximately twenty (20) degrees, extension to approximately six (6) degrees, right side bending to approximately twelve (12) degrees and left side bending to approximately fourteen (14) degrees. Motor strength of the right hip flexion was 4-4+/5. Clinical evaluation dated January 23, 2014 revealed that the patient had an exquisitely tender medial joint line. The patient continues to have pain in the lumbar spine. An MRI of the lumbar spine done last July 31, 2013 revealed multilevel facet arthropathy, most severe at L5-S1, moderate in degree at L3-4 and L4-5 and mild at L2-3. The degree of facet arthropathy could be a pain generator. There is no increased fluid in the facet joints, which can be seen with accompanying synovitis. There is associated ligamentum flavum hypertrophy at L4-5 and L5-S1. Developing degenerative disc desiccation signal at L3-4 and L4-L5 without thinning. There was also degenerative disc disease at T11-12. Multilevel spinal stenosis secondary to disc protrusion at levels L3-4, L4-5, L5-S1. An MRI of the right knee done last July 31, 2013 revealed no meniscal tear. There was mild mucoid degenerative signal involved the body and posterior horn of the medial meniscus with one (1) small focus of undersurface degenerative irregularity involving the body of the medial meniscus. There was mild lateral subluxation of the patella on the axial view. An x-ray of the lumbosacral junction (undated) documented some ossification of

the anterior longitudinal ligament in the lower thoracic spine. An x-ray of both knees (undated) documented no bony abnormalities and no degenerative changes. Utilization review from February 6, 2014 denied the request for an MRI of the right knee because there is no description of the mechanical instability of the right knee, and denied the request for an MRI of the lumbar spine, because there is no description of any dramatic change in the patient's back complaints and no physical findings indicating neurologic deterioration, spinal instability or progressive myelopathy.

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

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

#### **MRI OF THE RIGHT KNEE: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation KNEE COMPLAINTS, ACOEM OCCUPATIONAL MEDICINE PRACTICE GUIDELINES, 2ND EDITION, 2008, PAGES 1021-1022 AND THE OFFICIAL DISABILITY GUIDELINES (ODG), KNEE AND LEG (UPDATED 01/20/14), MRIs (MAGNETIC RESONANCE IMAGING).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM), 2ND EDITION, (2008), KNEE COMPLAINTS, PAGE 1021-1022 AND THE OFFICIAL DISABILITY GUIDELINES (ODG), KNEE & LEG CHAPTER, MRI.

**Decision rationale:** The ACOEM Guidelines indicate that an MRI is recommended for an unstable knee with documented episodes of locking, popping, giving way, recurrent effusion, clear signs of a bucket handle tear, or to determine extent of anterior cruciate ligament (ACL) tear preoperatively. In addition, the Official Disability Guidelines indicate that the criteria include acute trauma to the knee, significant trauma, suspect posterior knee dislocation; non-traumatic knee pain and initial plain radiographs either non-diagnostic or suggesting internal derangement. In this case, a previous MRI of the right knee done last July 31, 2013 revealed no meniscal tear. There were no other remarkable findings. Knee instability is likewise not documented. In the recent clinical evaluation, there are no worsening of subjective complaints and objective findings that may warrant further investigation by utilizing an MRI. Therefore, request for an MRI of the right knee is not medically necessary.

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

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (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): 303-304.

**Decision rationale:** The MTUS/ACOEM Guidelines indicate that 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. An MRI is moderately recommended for patients with subacute or chronic radicular pain, syndromes lasting at least four to six (4 to 6) weeks in whom the symptoms are not trending towards improvement. In this case, a previous MRI of the lumbar spine done last July 31, 2013 revealed multilevel facet arthropathy, most severe at L5-S1, moderate in degree at L3-4 and L4-5 and mild at L2-3. In the recent clinical evaluation, the patient still complains of pain in the lumbar spine; however, the physical examination did not show worsening of the patient's condition that may warrant further investigation by utilizing an MRI. Therefore, request for MRI of the lumbar spine is not medically necessary.