

Case Number:	CM14-0111992		
Date Assigned:	08/01/2014	Date of Injury:	09/26/2013
Decision Date:	10/15/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	07/18/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine, Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant has a history of a work injury occurring on 09/26/13. He was seen by the requesting provider on 01/20/14 with radiating low back pain, bilateral knee pain, and bilateral ankle pain. Medications were providing temporary pain relief. Physical examination findings included decreased lumbar spine range of motion with paraspinal muscle tenderness and guarding. There were positive Kemp's and sitting root tests. Examination of the knees showed tenderness with decreased range of motion and positive McMurray's testing. Patellar grinding test was positive. There was bilateral ankle edema with tenderness and decreased range of motion with positive anterior/posterior drawer testing. There was decreased lower extremity strength. An MRI of the right ankle, EMG/NCS testing of both lower extremities, and authorization for an orthopedic evaluation were requested. He was continued at temporary total disability. On 05/28/14 he was having ongoing symptoms. Physical examination findings appear unchanged. MRI scans of the lumbosacral spine, both knees, and left ankle were requested. Medications were prescribed. He was continued at temporary total disability. Authorization for lumbar spine treatments one time once per week for six weeks was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Lumbar Spine: Upheld

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

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-Lumbar & Thoracic (Acute & Chronic), MRIs (magnetic resonance imaging)

Decision rationale: The claimant is more than 1 year status post work-related injury and continues to be treated for low back pain and bilateral knee and ankle pain. Applicable criteria for obtaining an MRI would include a history of trauma with neurological deficit, when there are 'red flags' such as suspicion of cancer or infection, or when there is radiculopathy with severe or progressive neurologic deficit. In this case, there is no identified new injury. There are no identified 'red flags' that would support the need for obtaining an MRI scan which therefore was not medically necessary.