

Case Number:	CM14-0134972		
Date Assigned:	08/27/2014	Date of Injury:	05/29/2012
Decision Date:	09/25/2014	UR Denial Date:	08/15/2014
Priority:	Standard	Application Received:	08/21/2014

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 & Rehabilitation and 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 injured worker is a 53-year-old female with a reported date of injury on 05/29/2012. The mechanism of injury was not noted in the records. The diagnoses included cervical, thoracic, and lumbar sprain. The past treatments to the left knee included pain medication, physical therapy and surgery. The x-ray to the lumbar spine done on 08/10/2012 revealed bilateral facet arthrosis at L4-L5 and L5-S1. The surgical history included left knee Meniscectomy on 10/31/2013. On 08/06/2014, the subjective complaints were low back pain that radiated to the lower extremities with numbness and tingling, and left knee pain. The physical examination findings included a positive left straight leg raise, normal reflexes, and decreased sensation in the left L4 and L5 distributions. There were no medications documented in the notes. The plan is for a left knee injection and an MRI of the lumbar spine. The rationale was to relieve pain. The request for authorization form was dated 08/06/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Chapter 12 pages 303-304; Chapter 13, page 339 (Table 12 - 7).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The request for MRI Lumbar is not medically necessary. The California MTUS/ACOEM Guidelines state 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. The injured worker was noted to have neurological deficits on physical examination with a positive left straight leg raise and decreased sensation in the left L4 and L5 distributions. However, while the notes document failed pain medication and physical therapy in regards to the left knee, there was a lack of documentation showing that the patient has failed an adequate course of conservative care for the lumbar spine. As there is no documentation of failed conservative care for his lumbar spine, the request is not medically necessary.

Injection Left Knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 12 Edition (web), 2014 Knee and Leg, Corticosteroid injections; Hyaluronic acid injections.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337.

Decision rationale: The request for Injection Left Knee is not medically necessary. The California MTUS/ACOEM Guidelines state that Invasive techniques, such as cortisone injections, are not routinely indicated. The injured worker had a left knee Meniscectomy on 10/31/2013 and has chronic knee pain. The guidelines state that cortisone injections are not routinely indicated. Additionally, the request was not clear as to what type of injection was being requested. As such, the request is not medically necessary.