

<b>Case Number:</b>	CM14-0141781		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	10/31/2012
<b>Decision Date:</b>	11/18/2014	<b>UR Denial Date:</b>	08/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2014

### 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:

This patient is a 34 year old male who developed persistent right knee and low back pain subsequent to an injury dated 10/31/12. The injury(s) is described as a puncture wound to the knee closely followed by a fall. An MRI of the knee is consistent with a meniscal tear. The treating physician documents low back pain that worsens with walking and involves radiation into the thigh and calf and is associated with a feeling of cramping and numbness. The evaluation lacks a detailed exam.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar MRI:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

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

**Decision rationale:** MTUS Guidelines support specialized imaging if there are unequivocal objective neurological findings that supports a central or foraminal myelopathy. This patients history and symptoms may be consistent with possible neurological compromise, but the requesting physician fails to document any supportive exam findings i.e. a reasonable

neurological exam that demonstrates neurological deficits. Without adequate evaluation, Guidelines do not support the medical necessity of the requested MRI.