

Case Number:	CM14-0156646		
Date Assigned:	09/26/2014	Date of Injury:	04/18/2014
Decision Date:	10/27/2014	UR Denial Date:	09/02/2014
Priority:	Standard	Application Received:	09/24/2014

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 Illinois. 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 44-year-old man who injured himself on April 18, 2014 while lifting and dropping a front load washing machine. Magnetic resonance imaging scan of the cervical spine on July 2, 2014 showed C5-C6 disc herniation Interventions included moist heat, medications, and neck and back physical therapy. At an office visit on August 4, 2014, it was stated that the worker had numbness, tingling, weakness and 7/10 cervical pain, 5/10 left shoulder pain, and 2/10 left arm pain. Exam was noted for restricted cervical range of motion and a positive Spurling's maneuver towards the left with radiation down the hand and arm. Lumbar spine was noted for range of motion restrictions, muscle spasm and tenderness. There was restricted range of motion of the left shoulder with an equivocal impingement sign. There was range of motion restriction in the left knee with joint line tenderness, equivocal McMurray's and Apley's, equivocal straight leg raise test and diminished reflexes. In addition to upper extremity diagnosis, he was diagnosed with mechanical back pain, a possible herniated disc, and possible meniscal tear of the left knee. It was stated that he had low back with radicular leg pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of left knee (73721-TC 73721-26): Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343. Decision based on Non-MTUS Citation Official Disability Guidelines Knee & Leg (Acute & Chronic), (ODG) MRI's (magnetic resonance imaging)

Decision rationale: Per American College of Occupational and Environmental Medicine Guidelines, magnetic resonance imaging scan is indicated to determine the extent of the knee tears. Per Official Disability Guidelines, magnetic resonance imaging is recommended under certain indications. This worker has a history of trauma, joint line tenderness, restriction in range of motion, equivocal McMurray's and Apley's and diminished reflexes. A magnetic resonance imaging scan to rule out a meniscal tear is indicated. The previous denial states radiographs not done; however, knee demonstrates instability with red flag signs.

MRI of left spine (72148-TC 72148-26): Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), MRIs (magnetic resonance imaging)

Decision rationale: Per Chronic Pain Medical Treatment Guidelines, magnetic resonance imaging scan of the lumbar spine is indicated for lumbar disk protrusion, cauda equina syndrome, spinal stenosis and post-laminectomy syndrome. Per Official Disability Guidelines, magnetic resonance imaging scan is recommended in certain indications. The worker has a history of trauma and back pain with numbness, tingling, weakness, range of motion restrictions, muscle spasm and tenderness for more than one month. In addition, he has a red flag sign of diminished reflexes. The request is certified. Denial states the worker did not have back pain with radicular signs; however, under plan it is stated that he had low back with radicular leg pain.