

<b>Case Number:</b>	CM14-0161167		
<b>Date Assigned:</b>	10/06/2014	<b>Date of Injury:</b>	09/26/2008
<b>Decision Date:</b>	11/10/2014	<b>UR Denial Date:</b>	09/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2014

### 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, has a subspecialty in Pain Medicine and is licensed to practice in Ohio and Texas. 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 65-year-old male who reported a work related injury on 09/26/2008. The mechanism of injury was not provided for review. The injured worker's diagnoses consist of severe bilateral knee degenerative joint disease, status post right knee arthroscopy, status post left knee replacement, and chronic myofascial pain syndrome. The injured worker's past treatment was noted to include acupuncture, medical intervention, and medication management. Diagnostic studies include an MRI of the lumbar spine on 06/16/2006, which revealed L3-4 degenerative disc disease, moderate bilateral facet hypertrophy, mild canal stenosis, moderate posterior bulge, moderate facet hypertrophy, myoligamentum flavum hypertrophy, moderate to severe central canal stenosis, and mild to moderate neural foraminal narrowing at L4-5. Surgical history was noted to include knee arthroscopy on 01/29/2009 and a left total knee arthroplasty on 05/29/2013. Upon examination it was noted that the injured worker complained of pain in his knees and low back, shooting down the left leg with tingling, numbness, and paresthesia. He rated his pain as a 5/10 to 6/10 on the visual analog scale (VAS) pain scale. It was also noted that the injured worker still had multiple breakthrough pain. Upon physical examination it was noted that range of motion of the lumbar spine and right knee were restricted. There were no sensory disturbances to light touch around the knee. Motor strength was noted to be 5/5, except knee extenders and flexors were 4/5). Paravertebral muscle spasm and localized tenderness was present in the lumbar spine area. Mild flexion contracture of the right knee was also present. The injured worker's prescribed medications were noted to include Norco, Duragesic patch, Relafen, Protonix, and Ambien. The treatment plan consisted of Norco, Duragesic patch, Relafen, Protonix, Ambien, and an MRI of the spine. The rationale for the request is an MRI of the

lumbar spine to rule out lumbar disc herniation, stenosis, or facet hypertrophy as well. A Request for Authorization form was not submitted for review.

### **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, Treatment in Worker's Compensation, Low Back Procedure Summary last updated 8/22/2014

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

**Decision rationale:** The California MTUS/ACOEM Guidelines indicate unequivocal objective findings that identify specific nerve compromise on a neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who will consider surgery as an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminate imaging rules or false positive findings, such as a disc bulge, that are not the source of painful symptoms and do not warrant surgery. In regards to the injured worker, there were no physical findings consistent with an objective focal neurologic deficit in a dermatomal or myotomal pattern that would provide evidence for medical necessity of an MRI of the lumbar spine. With a lack of documentation of radiculopathy, an MRI of the lumbar spine cannot be warranted. As such, the request for an MRI of the lumbar spine is not medically necessary.