MAXIMUS Federal Services

| Case Number: | CM14-0032739 | | |
|---|---|---|---|
| Date Assigned: | 06/20/2014 | Date of Injury: | 07/26/2013 |
| Decision Date: | 09/05/2014 | UR Denial Date: | 02/19/2014 |
| Priority: | Standard | Application Received: | 03/14/2014 |

## 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 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 38 year-old patient sustained an injury on 7/26/13 while employed by [redacted]. Request(s) under consideration include MRI Lumbar Spine and X-rays of Lumbar Spine. Report of 12/3/13 from another provider noted patient with left knee pain for one year with sports and swelling on occasions after play football and jumped over a wall and felt a pull on lateral side of left knee. The patient has history of diabetes and diverticulitis. It was noted the provider was not in the MPN was the patient transferred care. Brief hand-written report of 12/9/13 noted patient with back pain 10 and left knee 7. Exam showed R 80/60/60 and L 60//80/60. Hand-written diagnosis and treatment illegible. The patient remained off-work. Report of 12/26/13 again was hand-written with few descriptive documents noting left knee 8 and low back 10. No objective findings noted except R with 40/40/60 and L 30/30/30. Diagnoses had L Knee DJD/? Treatment was also illegible. Hand-written physical therapy re-evaluation dated 1/2/14 noted left knee and L/s pain decreased still radiating to left leg. Lumbar spine exam noted flex/ext/lateral flex/ rotation 50/20/15/45 degrees; strength of 4-/5 diffusely in bilateral extremities. Assessment noted pain decreased with ablility to perform ADLs with plan for continue PT. Request(s) for MRI Lumbar Spine and X-rays of Lumbar Spine were non-certified on 2/19/14 citing guidelines criteria and lack of medical necessity.

## 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, Low Back.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

**Decision rationale:** This 38 year-old patient sustained an injury on 7/26/13 while employed by [redacted]. Request(s) under consideration include MRI Lumbar Spine and X-rays of Lumbar Spine. Report of 12/3/13 from another provider noted patient with left knee pain for one year with sports and swelling on occasions after play football and jumped over a wall and felt a pull on lateral side of left knee. The patient has history of diabetes and diverticulitis. It was noted the provider was not in the MPN was the patient transferred care. Brief hand-written report of 12/9/13 noted patient with back pain 10 and left knee 7. Exam showed R 80/60/60 and L 60//80/60. Hand-written diagnosis and treatment illegible. The patient remained off-work. Report of 12/26/13 again was hand-written with few descriptive documents noting left knee 8 and low back 10. No objective findings noted except R with 40/40/60 and L 30/30/30. Diagnoses had L Knee DJD/? Treatment was also illegible. Hand-written physical therapy re-evaluation dated 1/2/14 noted left knee and L/s pain decreased still radiating to left leg. Lumbar spine exam noted flex/ext/lateral flex/ rotation 50/20/15/45 degrees; strength of 4-/5 diffusely in bilateral extremities. Assessment noted pain decreased with ablility to perform ADLs with plan for continue PT. Request(s) for MRI Lumbar Spine and X-rays of Lumbar Spine were non-certified on 2/19/14. The employee is without physiologic evidence of tissue insult, neurological compromise, or red-flag findings to support imaging request. Per ACOEM Treatment Guidelines for the Lower Back Disorders, under Special Studies and Diagnostic and Treatment Considerations, states Criteria for ordering imaging studies, include Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electrodiagnostic studies. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, review of submitted medical reports have not adequately demonstrated the indication for MRI of the Lumbar spine nor document any specific clinical findings to support this imaging study as the patient has no myotomal or dermatomal correlating deficits in the bilateral lower extremities. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The MRI Lumbar Spine is not medically necessary and appropriate.

**X-rays of 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, Low Back.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

**Decision rationale:** This 38 year-old patient sustained an injury on 7/26/13 while employed by [redacted]. Request(s) under consideration include MRI Lumbar Spine and X-rays of Lumbar Spine. Report of 12/3/13 from another provider noted patient with left knee pain for one year with sports and swelling on occasions after play football and jumped over a wall and felt a pull on lateral side of left knee. The patient has history of diabetes and diverticulitis. It was noted the provider was not in the MPN was the patient transferred care. Brief hand-written report of 12/9/13 noted patient with back pain 10 and left knee 7. Exam showed R 80/60/60 and L 60//80/60. Hand-written diagnosis and treatment illegible. The patient remained off-work. Report of 12/26/13 again was hand-written with few descriptive documents noting left knee 8 and low back 10. No objective findings noted except R with 40/40/60 and L 30/30/30. Diagnoses had L Knee DJD/? Treatment was also illegible. Hand-written physical therapy re-evaluation dated 1/2/14 noted left knee and L/s pain decreased still radiating to left leg. Lumbar spine exam noted flex/ext/lateral flex/ rotation 50/20/15/45 degrees; strength of 4-/5 diffusely in bilateral extremities. Assessment noted pain decreased with ablility to perform ADLs with plan for continue PT. Request(s) for MRI Lumbar Spine and X-rays of Lumbar Spine were non-certified on 2/19/14. Per ACOEM Treatment Guidelines for the Lower Back Disorders states Criteria for ordering imaging studies such as the requested X-rays of the lumbar spine include Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electrodiagnostic studies. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, review of submitted medical reports have not adequately demonstrated the indication for the Lumbar spine x-rays nor document any specific clinical findings to support this imaging study as reports noted unchanged clinical symptoms of ongoing pain without any neurological deficits. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The X-rays of Lumbar Spine is not medically necessary and appropriate.