

Case Number:	CM14-0041787		
Date Assigned:	06/30/2014	Date of Injury:	11/04/2010
Decision Date:	08/15/2014	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	04/07/2014

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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic knee, low back, and neck pain reportedly associated with an industrial injury of November 4, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; at least 12 prior sessions of physical therapy, per the claims administrator; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated March 25, 2014, the claims administrator denied a request for cervical MRI imaging, lumbar MRI imaging, right knee MRI imaging, and left knee MRI imaging. The claims administrator stated that there was no evidence that the applicant was a surgical candidate insofar as the body parts in question were concerned. The claims administrator, incidentally noted, cited non-MTUS 2008 ACOEM Guidelines that denied the knee MRIs and mislabeled the same as originating from the MTUS. The applicant's attorney subsequently appealed. A February 17, 2014 progress note was notable for comments that the applicant presented with persistent neck, low back, and bilateral knee pain. The applicant was a 65-year-old teacher, it was stated. The applicant was working regular duty, it was noted. The applicant was having issues with swelling about the knees superimposed on neck and back pain issues. Well preserved cervical range of motion was noted, despite pain. The applicant exhibited 5/5 strength about the bilateral upper extremity muscle groups. Normal lumbar spine range of motion was also appreciated, despite some tenderness in touch. The applicant did have positive McMurray's signs about the bilateral knee suggestive of meniscal pathology. The applicant was returned to regular work. On April 11, 2014, the attending provider appealed previously denied MRI and stated that the applicant had positive findings on exam suggestive of meniscal tears and had reportedly failed conservative therapy. The patient was nevertheless returned to regular work on this occasion. The applicant exhibited well preserved lumbar and cervical range of motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 8, table 8-8, page 182 does recommend MRI or CT scanning to validate the diagnosis of nerve root, compromise, based on clear history and physical exam findings, in preparation for an invasive procedure. In this case, however, the applicant is possessed of well, 5/5 bilateral upper extremity strength. There is no clear mention of description of cervical radicular complaints. There were no cervical radicular signs exhibited on exam. The applicant was not actively considering or contemplating any kind of surgical intervention insofar as the cervical spine is concerned. Therefore, the request is not medically necessary.