

Case Number:	CM14-0052816		
Date Assigned:	07/07/2014	Date of Injury:	05/21/2012
Decision Date:	08/28/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	04/21/2014

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 Family Practice and is licensed to practice in New York. 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 59 year old female with a date of injury of 5/21/12. She was seen by her primary treating physician on 2/24/14 and 3/24/14. She had been diagnosed with chronic regional pain syndrome of the lower extremity with sacroiliac dysfunction and disorder of the knee by a pain specialist. An exam is not documented. She was diagnosed with left patella fracture status post open reduction and internal fixation with left leg and thigh weakness, status post arthroscopic lysis of left knee adhesions, complex regional pain syndrome in the left leg and depression and anxiety. At issue in this review is the request for weight bearing MRI of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic Resonance Imaging (MRI) of the lumbar spine, weight-bearing, w/o dye: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 1, 21.

Decision rationale: This injured worker had prior surgery on the left knee with persistent pain and weakness and the diagnosis of complex regional pain syndrome. MRI can be useful to identify and define low back pathology in disc protrusion and spinal stenosis. A physical exam

is not documented in the notes that accompany the request for the MRI. In the absence of physical exam evidence of red flags, an MRI of the lumbar spine weight bearing without dye is not medically indicated or substantiated in the records.