

Case Number:	CM14-0067184		
Date Assigned:	07/14/2014	Date of Injury:	05/15/2007
Decision Date:	09/22/2014	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	05/12/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in 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 55 year old male who sustained injuries to his right knee and back on 05/15/07. Mechanism of injury was not documented. MRI of the lumbar spine without contrast dated 01/21/14 revealed multilevel degenerative changes of the lumbar spine involving L2-3 through L5-S1 disc spaces, more pronounced at L3-4 where there is moderate circumferential disc bulge causing mild to moderate bilateral neural foraminal narrowing and mild spinal canal stenosis; straightening of the physiological lumbar lordosis and minimal step wise retrolisthesis of L2 on L3 and L3 on L4, likely degenerative. Physical examination noted limited range of motion in extension with pain, moderate tenderness noted over paraspinal musculature at L3-4 and L4-5, positive straight leg raise bilaterally; positive ganglion, Faber's, and Patrick's tests bilaterally; decreased sensation over the right L4 dermatome; tenderness to pressure over lumbar paraspinal musculature in the mid thoracic spine at T7-8 and T10-11. The treating physician also recommended orthopedic consultation of the right knee as the injured worker continued to have problems with the knee and was not seeing the previous physician for this issue. The treating physician noted that addressing the knee might help to remove some stress on the lumbar spine. Physician note dated 03/10/14 indicated the injured worker had a traumatic experience involving significant personality conflict with the previous spine surgeon; therefore, secondary spine evaluation with a different physician (as the injured worker may feel more comfortable), to make better assessment as to whether the injured worker should have possible spine surgery was indicated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Thoracic MRI without contrast: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines Low Back Procedure Summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter, MRIs (magnetic resonance imaging).

Decision rationale: The request for thoracic spine MRI without contrast is not medically necessary. Previous request was denied on the basis that, although the injured worker continued to have persistent mid back pain, there was no indication that the injured worker failed to respond with prior conservative care to warrant the request. Moreover, submitted medical records note the injury to the mid back had not been addressed significantly, as the focus has been on the low back and cervical issues. In addition, clinical documentation provided did not include information that meets criteria for diagnostic procedure. There was no report of a new acute injury or exacerbation of previous symptoms. There was no indication that plain radiographs had been obtained prior to the request for more advanced MRI. There were no additional significant 'red flags' identified. Given this, the request for thoracic spine MRI without contrast is not indicated as medically necessary.

Orthopedic Evaluation of Right Knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines Evaluation and Management outpatient office visits.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and leg chapter, Office visits.

Decision rationale: The request for orthopedic evaluation of the right knee is not medically necessary. Previous request was denied on the basis that the injured worker continued to have pain in the right knee despite prior conservative care. The injured worker was seen by his previous doctor; however, there was limited evidence of extenuating circumstances that necessitate orthopedic evaluation of the right knee. Moreover, significant deficits directed to the right knee are not outlined; common medical necessity of the request was not deemed medically appropriate. After reviewing the submitted clinical documentation submitted for review, there was no additional significant objective clinical information provided that would support reversing the previous adverse determination. Given this, the request for orthopedic evaluation of the right knee is not indicated as medically necessary.

