

Case Number:	CM14-0067252		
Date Assigned:	07/11/2014	Date of Injury:	04/30/2008
Decision Date:	09/17/2014	UR Denial Date:	04/29/2014
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 Physical Medicine & Rehabilitation and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 57 year old female was reportedly injured on 4/30/2008. The mechanism of injury is undisclosed. The most recent progress note, dated 4/7/2014, indicated that there were ongoing complaints of bilateral knee pain and low back pain that radiated into the bilateral lower extremities. The physical examination was handwritten. It stated positive tenderness to palpation at the medial/lateral joint line. The remainder of the exam was illegible. No recent diagnostic studies are available for review. Previous treatment included surgery to bilateral knees, total knee arthroplasty, medications, and conservative treatment. A request was made for MRI of the lumbar spine and was not certified in the preauthorization process on 4/29/2014.

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 2 General Approach to Initial Assessment and Documentation, Chronic Pain Treatment Guidelines History and Physical Examination.

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

Decision rationale: The American College of Occupational and Environmental Medicine (ACOEM) supports the use of MRI for the lumbar spine when there are unequivocal objective findings that identify specific nerve root compromise on exam and the claimant would be willing to consider operative intervention. Based on the clinical documentation provided, there is no evidence of lumbar radiculopathy or a lumbar exam for that matter. The treating physician does not document that the claimant is willing to consider operative intervention. As such, secondary to a lack of clinical documentation, the request fails to meet the ACOEM criteria and is deemed not medically necessary.