

Case Number:	CM14-0069089		
Date Assigned:	07/25/2014	Date of Injury:	08/13/2012
Decision Date:	09/19/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	05/14/2014

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:

The injured worker is a 54-year-old male who sustained work-related injuries on August 13, 2012. Medical records dated November 12, 2013 indicate that the injured worker has low back pain rated at 6/10, right knee pain rated at 4/10 and right leg pain rated at 6/10. He had giving way of his right knee and pain on the medial side. He has been undergoing pool and land therapy three times a week which helped him. On examination, gait causes slight stiffness in his back as he walked and he has difficulty squatting due to back and knee pain. Range of motion was limited bilaterally. Supine and seated straight leg raising test was positive bilaterally. A Lasegue's, Cram's sign, and sciatic notch sign was positive bilaterally. Right medial joint line tenderness was noted on knee examination. Per April 29, 2014 medical records, the injured worker was noted to be completing his right knee physical therapy and he had arthroscopic medial meniscectomy and plica removal on January 31, 2014. But he still cannot fully extend his right knee. He has moderate right knee pain, moderate right hip pain and mild low back pain. He also noted sleep troubles or difficulties. He has been going to pool therapy once a week and land therapy twice a week. He had a total of 91 visits in therapy before and after surgery. He was taking Tylenol #4, Xanax 1 milligram, Prilosec 20 milligrams, topical cream of Ketoprofen, Gabapentin, and Tramadol. He reported that in physical therapy his side-to-side step walking were difficult for him. A lumbar spine examination revealed limited range of motion, bilaterally. Sitting and supine straight leg raising test were positive, bilaterally. Right knee examination noted slight stiffness in his gait. He cannot squat easily. Range of motion was within normal limits, bilaterally. A magnetic resonance imaging (MRI) scan of the lumbar spine take in May 2013 indicated a three-millimeter disc herniation at L4-L5 and 4-millimeter at L5-S1. Bilateral nerve root impingement was noted at that level. He is diagnosed with (a) lumbar degenerative disc disease/degenerative joint disease with herniated nucleus pulposus at L4-L5 and L5-S1; (b)

sciatica, right side greater than left; (c) depression and anxiety; (e) insomnia; (f) sexual dysfunction; (g) right knee medial meniscus tear; and (h) ankle pain referred from the sciatic nerve in the knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Of The Lumbar Spine Without Contrast: 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 - Lumbar & Thoracic.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, MRIs (Magnetic Resonance Imaging).

Decision rationale: Evidence-based guidelines indicate that a repeat magnetic resonance imaging (MRI) scan is not routinely recommended and should be reserved for a significant change on symptoms and/or findings suggestive of significant pathology including tumor, infection, fracture, neuro-compression, recurrent disc herniation. A review of this injured worker's records indicate that he had a prior magnetic resonance imaging scan in May 2013 which means that the request is a repeat magnetic resonance imaging scan. However, the provided documentation reviewed did not indicate any significant change with recent physical findings when compared to his 2013 records. For these reasons, the requested magnetic resonance imaging of the lumbar spine is not medically necessary.