

Case Number:	CM14-0071563		
Date Assigned:	07/16/2014	Date of Injury:	04/20/2006
Decision Date:	09/19/2014	UR Denial Date:	05/05/2014
Priority:	Standard	Application Received:	05/17/2014

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 and 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 67-year-old gentleman was reportedly injured on April 20, 2006. The mechanism of injury a fall while walking on uneven pavement. The most recent progress note, dated April 18, 2014, indicates that there are ongoing complaints of bilateral knee pain and low back pain occasionally radiating to the left lower extremity. No physical examination was performed. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes a left knee arthroscopy, a right knee total arthroplasty, and a home exercise program. A request had been made for an MRI of the lumbar spine and was not certified in the pre-authorization process on may fifth, 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: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The ACOEM Practice Guidelines support a MRI of the lumbar spine for patients with sub-acute or chronic radiculopathy lasting at least 4 to 6 weeks if symptoms are not trending towards improvement, and if both the patient and surgeon are considering prompt

surgical treatment, assuming the MRI confirms ongoing nerve root compression. Review of the available medical records does not indicate any abnormal physical examination findings indicative of a potential radiculopathy. Considering this, the request for an MRI the lumbar spine is not medically necessary.