MAXIMUS Federal Services

Case Number:	CM14-0076769		
Date Assigned:	07/18/2014	Date of Injury:	01/25/2005
Decision Date:	09/17/2014	UR Denial Date:	05/05/2014
Priority:	Standard	Application Received:	05/27/2014

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 Medicine and is licensed to practice in Arizona. 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:

Patient is a 40-year-old female with a date of injury on 1/25/2005. Diagnoses include lumbar spine strain, inflammatory process of the knees, and obesity. Subjective complaints are of lower back pain and unilateral knee pain worse on the right. Physical exam showed decreased lumbar range of motion, and lumbar and sacroiliac joint tenderness. Bilateral knees had slight swelling with medial joint line tenderness. Prior lumbar MRI from 4/29/13 demonstrated multilevel disc desiccation, without significant bulge or spinal stenosis. MR arthrogram of the right knee from 4/29/13 demonstrated normal bony structure with normal medial and lateral menisci. Left knee MRI from 4/30/13 shows no evidence of meniscal or ligamentous tear.

IMR ISSUES, DECISIONS AND RATIONALES

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

[redacted] **weight loss consult/program:** Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: SYSTEMIC REVIEW: AN EVALUATION OF MAJOR COMMERCIALWEIGHT LOSS PROGRAMS. Annals of Internal Medicine, January 4 2005.

Decision rationale: CA MTUS and the ODG do not offer recommendations for weight loss programs. Alternate evidenced based guidelines were used to compare the submitted data with guideline criteria. Documentation shows patient is obese at 5'4" and 272 pounds. Medical records do not identify prior home weight loss interventions that had not been successful. Referenced guidelines indicate that the only evidence supporting a weight loss program was for Weight Watchers. While the need for weight loss identified, submitted records do not indicate prior diet modification, specific weight loss exercise program, or calorie restriction. Therefore, the [redacted] weight loss consult/program is not medically necessary.

MRI arthrogram of bilateral knees: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-347. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) KNEE, MRI.

Decision rationale: ACOEM guidelines suggest knee MRI's are valuable when examination is unable to diagnose such non-acute conditions as an ACL tear. Most knee symptoms can be diagnosed with clinical symptoms; however an MRI to evaluate the extent of an ACL tear may be needed preoperatively. An MRI is not recommended for ligament collateral tears. The ODG states that in patients with non-acute knee symptoms who are highly suspected clinically of having intra-articular knee abnormality, magnetic resonance imaging should be performed to exclude the need for arthroscopy. MRI studies were also deemed necessary if they were indicated by history and/or physical examination to assess for meniscal, ligamentous, or osteochondral injury or osteonecrosis. For this patient, documentation does not indicate an acute injury, and there is a prior knee MRI that was normal within the last year. Therefore, the request for a knee MR arthrogram is not medically necessary.

MRI of the 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 Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) LOW BACK, MRI.

Decision rationale: ACOEM guidelines state that a lumbar spine MRI is recommended if there are findings that identify a specific nerve compromise when symptoms have not responded to treatment and would otherwise be considered for surgery. When neurologic exam is less clear, physiological testing should be obtained before ordering an imaging study. Guidelines also state that indiscriminant imaging will result in false-positive findings. ACOEM guidelines also state that lumbar MRI is recommended in the first 6 weeks of low back pain if there is progressive neurological deficit, cauda equina, or significant trauma with atypical symptoms. It can be

recommended for chronic radicular pain when the symptoms are not improving, and surgery is being considered. For this patient, there are no red flag symptoms, or progressive neurological findings. There is also no mention of surgery being considered, and no specific nerve compromise demonstrated on exam. Furthermore, prior lumbar MRI was obtained within the last year, and there is not a documented acute change in symptoms. Therefore, the MRI of the lumbar spine is not medically necessary.