

<b>Case Number:</b>	CM14-0087458		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	01/10/1994
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	05/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/11/2014

### 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 Orthopedic Surgery 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 claimant is a 51-year-old male who sustained a vocational injury on September 10, 1994. A bone scan performed on December 13, 2013, suggested an acute osseous process in the right knee around the prosthesis, with findings in the tibial component showing a mild loosening in the prosthesis. Findings around the femoral component were less specific and raised the possibility of prosthetic loosening versus infection. Findings suggested an acute process within the right total knee arthroplasty. The records available for review included an office note dated August 12, 2014, that document the claimant's working diagnosis as right knee pain, following multiple surgeries of the right knee with right medial and lateral meniscus tears and degenerative joint disease of the right knee, along with left knee pain from degenerative changes of the left knee, as well as mild chronic L4 radiculitis. In the same office note, the claimant complained of numbness in the right thigh and bilateral knee pain, with the right knee hurting more than the left. The pain was aggravated by prolonged activities and alleviated by physical therapy, heat and ice. Upon physical examination, the claimant experienced decreased light touch over the right anterior thigh and crepitus in the right knee. A healed surgical scar in the right knee decreased his extension by 10 degrees, causing tenderness in the medial and lateral joint line. Strength was noted to be 5/5 in the bilateral lower extremities and 2+ reflexes in the bilateral lower extremities. He ambulated independently without any assistive devices with an antalgic gait. A prior EMG noted a chronic right L4 radiculitis. Conservative treatment to date includes Celebrex and Percocet. The current request is for an MRI of the lumbar spine.

### 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 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines - Work Loss Data Institute, LLC; Corpus Christi, TX; Section: Low Back - Lumbar and Thoracic(Acute and Chronic) (updated 05/12/2014).

**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 chapter: MRIs (magnetic resonance imaging).

**Decision rationale:** Based on California MTUS ACOEM Guidelines and supported by Official Disability Guidelines, the request for an MRI of the lumbar spine is not considered medically necessary. ACOEM Guidelines state that imaging studies should be reserved for cases in which surgery is considered or red flag diagnoses are being evaluated. The records available for review include a prior EMG that identifies the claimant as having a chronic right L4 radiculitis. Formal documentation does not indicate the claimant has participated in a continuous course of conservative treatment to include formal physical therapy before considering or recommending additional diagnostic testing. Official Disability Guidelines note that, in the absence of any documented trauma or myelopathy, magnetic resonance imaging should be reserved until plain radiographs have been utilized to identify potential pathology that may be responsible for claimant's ongoing symptoms. Official Disability Guidelines also note that there should be at least one month of conservative therapy in the absence of progressive neurologic deficits or worsening symptoms, which does not appear to have been completed in this case. There is no documentation of previous lumbar surgery or concerns of quad equina syndrome. Therefore, based on the records available for review and in accordance with California MTUS, ACOEM and Official Disability Guidelines, the request for an MRI of the lumbar spine cannot be medically supported.