MAXIMUS Federal Services

Case Number:	CM13-0038195		
Date Assigned:	12/18/2013	Date of Injury:	04/20/2009
Decision Date:	02/28/2015	UR Denial Date:	09/12/2013
Priority:	Standard	Application Received:	09/27/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Maryland
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 66 year old injured worker (IW) has a date of injury (DOI) of 04/20/2009. Injuries were sustained to the right hip, bilateral knees, and low back. No mechanism was given for the injury. The Injured Worker is now retired and is currently being treated per his [redacted]. According to a primary treating physician's (PR2) comprehensive orthopedic evaluation dated 08/21/2013, the Injured Worker has subjective complaints of pain in the lumbar spine rated an 8 on a scale of 10, pain in the right knee rating a 6/10, and in the left knee he has pain rated a 6-7 out of 10. The lumbar spine pain is described as constant, achy, sometimes sharp. Twisting and bending at the increases the pain. The knees have numbness radiating to the outside around the knees. Pain in the knees sometimes feels sharp in character. The left knee feels unstable to the Injured Worker, and sometimes interferes with sleep and activities of daily living. On examination the Injured Worker has positive paraspinal tenderness to percussion and is unable to toe and heel walk due knee pain. The gait is antalgic with limping both right and left but worse on the left. The Injured Worker has a well healed right total knee arthroplasty scar. Diagnoses on 08/21/2013include: 1. Multilevel lumbar spine disc protrusions. 2. Lumbar spinal stenosis. 3. Lumbar spine facet arthropathy. 4. Status post right total knee arthroplasty. 5. Left knee internal derangement. The Injured Worker's treatment plan includes requesting: 1. An extension of the authorization for pain management especially for a lumbar spine epidural steroid injection. 2. Authorization for the Injured Worker's next visit. 3. Authorization for a MRI of the lumbar spine for assessment and treatment of the lumbar spine. 4. A supplemental AME. 5. A three view series of x-rays of the lumbar spine. The Injured Worker is seeking

treatment for the back pain. A request for authorization was received by the Utilization Review (UR) agency on 09/06/2013 requesting a MRI of the Lumbar Spine. Medical records reviewed by the physician advisor included 14 pages of clinical and administrative reports including the (PR2) of 08/21/2013. Unsuccessful attempts to conduct a peer-to peer call were made on 09/11/2013 and 09/12/2013 and a message with a callback number was left. It was noted that a prior lumbar MRI was done that had no surgical indications. There was no documented evidence of interim trauma and no documented evidence of nerve dysfunction, myelopathy, cauda equine, tumor, infection, fracture or other red flags as detained in ACOEM guidelines. A non-certification decision was made and the UR letter sent on 09/12/2013. The American College of Occupational and Environmental Medicine (ACOEM) Chapter 12 was cited for reference. An application for independent medical review was made on 09/29/2013 for the MRI 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): 308-310.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, 304. Decision based on Non-MTUS Citation Low Back

Decision rationale: MRI of the lumbar spine is not medically necessary per the MTUS and the ODG Guidelines. The MTUS recommends imaging studies be reserved for cases in which surgery is considered, or there is a red-flag diagnosis. The guidelines state that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment. The ODG recommends a lumbar MRI when there is a suspected red flag condition such as cancer or infection or when there is a progressive neurologic deficit. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation). The documentation submitted does not reveal a new progressive neurologic deficits, or a red flag diagnoses. The request for MRI of the lumbar spine is not medically necessary.