

<b>Case Number:</b>	CM14-0179888		
<b>Date Assigned:</b>	11/05/2014	<b>Date of Injury:</b>	02/23/2011
<b>Decision Date:</b>	01/07/2015	<b>UR Denial Date:</b>	10/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. 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:

This case involves a 38 year old male who was injured on 2/23/2011. The diagnoses are lumbar radiculopathy, right knee and low back pain. The past surgery history is significant for multiple right knee surgeries. On 10/15/2014, the treating physician noted subjective complaints of right hip, bilateral knees and low back pain. The pain was described as stabbing, burning and sharp. There was limitation to activities of daily living and stress related to the pain. There were objective findings of tenderness over the lumbar spine with limitation to range of motion. There was tenderness over the right knee; however, no documentation of reflexes and neurological examination. The patient was scheduled for physical therapy. A referral for right total knee replacement is awaiting appointment. The medications are Tylenol and Norco for pain. A Utilization Review determination was rendered on 10/15/2014 recommending non certification for 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 of the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46-47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter. Low Back

**Decision rationale:** The CA MTUS and the Official Disability Guidelines (ODG) guidelines recommend that MRI test of the lumbar spine can be utilized in the evaluation of low chronic back when that standard X-ray is inconclusive or there are worsening neurological deficits. The records did not show subjective, objective or x-ray reports consistent with significant low back pain with neurological deficits. The subjective complaints and clinical findings are primarily for right knee pain. The criterion for MRI of the lumbar spine was not met. Therefore, this request is not medically necessary.