

<b>Case Number:</b>	CM14-0187463		
<b>Date Assigned:</b>	11/17/2014	<b>Date of Injury:</b>	08/11/2013
<b>Decision Date:</b>	01/06/2015	<b>UR Denial Date:</b>	11/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/10/2014

### 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 Emergency Medicine 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 injured worker is a 59 year-old female, who sustained an injury on August 11, 2013. The mechanism of injury is not noted. Diagnostics have included: Lumbar MRI dated October 22, 2014, reported as showing annular tears at L4-5 and L5-S1, with abutment of the right L5 and left S1 nerve roots; Right knee MRI dated October 23, 2014, reported as showing joint effusion and possible ruptured Baker's cyst; March 20, 2014 lumbar MRI reported as showing L5-S1 disc protrusion with left L5 and bilateral S1 nerve root abutments. Treatments have included: chiropractic. The current diagnoses are: cervical disc protrusion, right shoulder impingement, right wrist sprain, right carpal tunnel syndrome, right knee sprain - rule out internal derangement, lumbar strain/sprain - rule out herniated disc. The stated purpose of the request for Outpatient MRI of the lumbar spine and right knee is was not noted. The request for Outpatient MRI of the lumbar spine was denied on November 3, 2014 citing a lack of documented clinical change since the March 20, 2014 lumbar spine MRI and the request for right knee MRI was approved on March 20, 2014, noting a positive McMurray sign on exam. Per the report dated October 7, 2014, the treating physician noted complaints of pain to the cervical spine and right shoulder, with weakness to the right upper extremity. Exam findings included lumbar tenderness and spasm, positive straight leg raising tests and bilateral Kemp tests; right knee medial and lateral joint line tenderness with positive McMurray sign.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient MRI of the lumbar spine and right knee: 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, Chapter 13 Knee Complaints Page(s): 343;303-305.

**Decision rationale:** The requested Outpatient MRI of the lumbar spine and right knee is, is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) , Chapter 13, Knee Complaints, Special Studies and Diagnostic and Treatment Considerations, Page 343, note that imaging studies of the knee are recommended with documented exam evidence of ligament instability or internal derangement after failed therapy trials. CA MTUS, ACOEM 2nd Edition, 2004, Chapter 12, Lower Back Complaints, Special Studies and Diagnostic and Therapeutic Considerations, Pages 303-305, recommend imaging studies of the cervical spine with "Unequivocal objective findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option". The injured worker has pain to the cervical spine and right shoulder, with weakness to the right upper extremity. The treating physician has documented lumbar tenderness and spasm, positive straight leg raising tests and bilateral Kemp tests; right knee medial and lateral joint line tenderness with positive McMurray sign. The request for right knee MRI was approved on November 3, 2014, and is still considered medically necessary. However, the treating physician has not documented an acute clinical change since the previous March 2014 lumbar spine MRI. The criteria noted above not having been met, Outpatient MRI of the lumbar spine and right knee is not medically necessary.