MAXIMUS Federal Services

Case Number:	CM14-0192453		
Date Assigned:	11/26/2014	Date of Injury:	01/06/2012
Decision Date:	01/30/2015	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	11/18/2014

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 Physical Medicine Rehab, has a subspecialty in Interventional spine 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 patient is a 50-year-old male with date of injury of 01/06/2012. The listed diagnoses from 09/30/2014 are:1. Unspecified internal derangement of the knees.2. Lumbosacral spondylosis.3. Displacement of lumbar disk without myelopathy.4. Degeneration of the lumbar disk.5. Status post left knee arthroscopic surgery from 05/16/2012,6. Status post 2 cortisone injections to the left knee,7. Status post 4 Orthovisc injections to the left knee According to this report, the patient complains of bilateral knee and low back pain, which he describes as throbbing, shooting, stabbing, sharp, burning, and aching. It is moderate to severe with the use of pain medications. The examination shows tenderness in the paravertebral muscles of the lumbar spine especially at L4-S1. Range of motion in the thoracolumbar spine is diminished. Sensory examination is grossly intact in the lower extremities bilaterally. Treatment reports from 01/07/2014 to 11/21/2014 were provided for review. The utilization review denied the request on 10/17/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI without contrast, Lumbar: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Treatment, Knee & Leg (Acute & Chronic) MRI's (magnetic resonance imaging)

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 Chapter on MRI.

Decision rationale: This patient presents with bilateral knee and low back pain. The treater is requesting an MRI without contrast, lumbar. The ACOEM Guidelines page 303 on MRI for back pain states 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 and would consider surgery as an option. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. ODG also states that repeat MRIs are not routinely recommended and should be reserve for significant change in symptoms and/or findings suggestive of significant pathology (e.g. tumor, infection, fracture, nerve compression, and recurrent disk herniation). The treater references an MRI report that showed, "primarily single-level disease at L4-L5 with disk height collapse, kyphosis, Modic-type changes, end-plate edema and slight retrolisthesis." This MRI report was not made available for review to determine the date and results of the imaging study. In this case, there is no report of new injury or trauma including significant changes in the clinical findings to warrant a repeat MRI of the lumbar spine. The request IS NOT medically necessary.