

<b>Case Number:</b>	CM14-0194834		
<b>Date Assigned:</b>	12/02/2014	<b>Date of Injury:</b>	10/18/2005
<b>Decision Date:</b>	01/16/2015	<b>UR Denial Date:</b>	10/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/20/2014

### 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 Occupational 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:

Injured worker (IW) sustained an industrial low back and bilateral knee injury following a fall on 10/18/05. Documented diagnoses include knee replacement, lumbar spondylosis without myelopathy, and scoliosis/kyphosis idiopathic. Documented treatment to date has included physical therapy, acupuncture, medications, and bilateral knee joint replacements. Previous lumbar imaging is not documented. No radicular symptoms or focal neurological deficits are documented in the submitted clinical notes. 05/12/14 office note documented complaints of pain along the left iliac crest as well as the left lateral hip and sciatic notch. 06/11/14 office note documented complaints of pain in the back and bilateral knees. Neurological status was intact. 07/16/14 IW reported 70% global improvement following 6 acupuncture sessions. 10/08/14 office note documented diagnoses including lumbar scoliosis degenerative type and s/p bilateral knee total knee replacements. Treating physician stated that decision needed to be made regarding more invasive treatments and "As a roadmap, I will need an MRI of his lumbar spine." 10/09/14 acupuncture note documented complaints of increased pain without known provoking factors.

### 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:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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

**Decision rationale:** ACOEM's Occupational Medicine Practice Guidelines 2004 edition Ch. 12 (Low Back Complaints) discussion of Special Studies and Diagnostic and Treatment Considerations notes that, "Unequivocal 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 who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study." Table 12-8 (Summary of Recommendations and Evidence) recommends "CT or MRI when cauda equina syndrome, tumor, infection, or fracture are strongly suspected and plain film radiographs are negative." Based upon absence of documented radicular symptoms, absence of documented neurological deficit, absence of documented evidence suggesting a red-flag condition, and absence of documented previous lumbar x-rays, medical necessity is not established for the requested lumbar MRI.