

Case Number:	CM14-0048078		
Date Assigned:	07/02/2014	Date of Injury:	07/14/1995
Decision Date:	01/28/2015	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	04/16/2014

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 Orthopedic Surgery, has a subspecialty in Adult Reconstruction Surgery and is licensed to practice in Pennsylvania. 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 65-year-old female who reported an injury on 17/14/1995. The mechanism of injury was not provided. Her diagnoses were noted to include hip arthritis, lumbar radiculopathy, chronic pain syndrome, and obesity. Her past treatments were noted to include medication, a walker, and surgery. Her diagnostic studies were not provided. Her surgical history was noted to include a total knee arthroplasty performed on 01/13/2006 and a left total knee arthroplasty performed on 07/25/2008. Her medication was noted to include Lidoderm patches, Flector patches, Voltaren patches, and Naprosyn. During the assessment on 07/16/2014, the injured worker complained of pain in the right knee, which was noted to be getting worse, with difficulty with walking. She also complained of pain in the right hip, and reported that she had to ambulate with a walker. The physical examination performed on 05/09/2014 revealed the left knee swelling after 7 minutes of sitting. The treatment plan was illegible. The rationale for the open MRI scan of the lumbar spine was not provided. The Request for Authorization Form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Open MRI scan of the lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 303-305.

Decision rationale: The request for open MRI scan of the lumbar spine is not medically necessary. The California MTUS/ACOEM 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 and who would consider surgery as an option. There was a lack of documentation indicating the injured worker had findings indicative of pathology, decreased range of motion, tenderness, and positive provocative testing on physical examination. The requesting physician's rationale for the request was not indicated within the provided documentation. Additionally, there was a lack of adequate information regarding the failure of conservative treatments and imaging studies of the lumbar spine to warrant the need for an MRI. Due to a lack of pertinent information, the request is not medically necessary.