

<b>Case Number:</b>	CM15-0002995		
<b>Date Assigned:</b>	01/13/2015	<b>Date of Injury:</b>	10/19/2010
<b>Decision Date:</b>	03/10/2015	<b>UR Denial Date:</b>	12/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/07/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
State(s) of Licensure: California, Indiana, New York  
Certification(s)/Specialty: Internal Medicine

### 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 (IW) is a 52 year old male, who sustained a continuous trauma industrial injury from August 1, 2007 through October 2, 2010. He has reported continued decreased range of motion in the right knee with pain, tightness and spasm radiating to the calf area and was diagnosed with right knee medial compartment osteoarthritis, minimally symptomatic, arthroscopies in 1994 and 2013, right thigh posterior and lateral pain, probable chronic low back pain with lumbar radiculopathy, benign lumbar spine tumor and previous lumbar surgery. Treatment to date has included radiographic imaging, diagnostic studies, right knee arthroscopy in 2013, pain medications, physical therapy, ice and heat packs, aquatic therapy and a home exercise program. Currently, the IW complains of continued tightness, pain and decreased range of motion in the right knee with radiating pain to the calf area. The IW was noted to have undergone right knee arthroscopy in 2013 after a continuous trauma industrial injury. It was reported he went several months after the symptoms started before having the surgical procedure. The procedure was noted to have gone well. Following the procedure, the IW presented with complaints as described above. He reported using a cane and a scooter on the weekends. On August 25, 2014, the symptoms continued. It was noted physical therapy was not helpful. He reported topping anti-inflammatories because they were not helping. He reported doing a home exercise program. A magnetic resonance image (MRI) and a second opinion with a specialist was requested. On October 7, 2014, the pain continued. Radiographic imaging revealed significant arthritic changes and minimal patellofemoral changes. On December 31, 2014, Utilization Review non-certified a request for a magnetic resonance image of the lumbar spine

without dye, noting the MTUS, ACOEM Guidelines were cited. On January 7, 2015, the injured worker submitted an application for IMR for review of requested magnetic resonance imaging of the lumbar spine without dye.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**MRI Lumbar spine w/o dye:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low back section, MRI

**Decision rationale:** Pursuant to the Official Disability Guidelines, MRI lumbar spine without contrast is not medically necessary. MRIs are the test of choice for patients with prior back surgery, but for uncomplicated low back pain, with radiculopathy, not recommended until at least one month conservative therapy, sooner if severe or progressive neurologic deficit. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g. tumor, infection, fracture, neurocompression, recurrent disc herniation). The indications for imaging are enumerated in the official disability guidelines. They include, but are not limited to, uncomplicated low back pain, suspicion of cancer, infection or other red flags; radiculopathy, after one month conservative therapy, sooner if severe or progressive neurologic deficit, etc. See the Official Disability Guidelines for details. In this case, the injured worker's working diagnoses are right knee medial compartment OA, minimally symptomatic; history of arthroscopy, partial meniscectomy in 2012 and arthroscopy in 1994; right thigh posterior and lateral pain, probable chronic low back pain with lumbar radiculopathy; and history of benign lumbar spine tumor, and prior lumbar surgery. Subjectively, injured worker complains of pain in the right distal thigh and low back. Objectively, there is no lumbar spine examination. There is no neurologic examination. An MRI performed May 15th 2012 showed an L4-L5 left hemilaminectomy with decompression of the central canal and left lateral recess; No foraminal narrowing; L5-S1 central protrusion without nerve root impingement; L2-L3 and L1-L2 small right foraminal protrusions without nerve root impingement; Enhancement within the central canal at the S1 level possibly representing a small schwannoma. The treating physician indicated the injured worker had a history of benign nerve tumor in the lower back (seen on MRI). There was no surgical intervention and the plan was to observe. Additionally, in the progress note dated October 7, 2014 (the most recent note), the treating physician was asked to evaluate the knee. The injured worker has chronic low back pain, however, the treating physician was not asked for an evaluation referencing the low back. Consequently, absent clinical documentation the physical examination containing a lumbar spine musculoskeletal exam and a detailed neurologic evaluation with a history of an enhancement at the level of S1 possibly representing a small Schwannoma, MRI lumbar spine without contrast is not medically necessary.