

<b>Case Number:</b>	CM15-0104812		
<b>Date Assigned:</b>	07/20/2015	<b>Date of Injury:</b>	10/18/2012
<b>Decision Date:</b>	08/14/2015	<b>UR Denial Date:</b>	05/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/01/2015

### 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: Arizona, California

Certification(s)/Specialty: Family Practice

### 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 54 year old female who sustained an industrial injury on October 18, 2012. She reports injury to both knees and has been diagnosed with bilateral knee internal derangement, limited range of motion of both knees, and bilateral knee inflammation. Treatment has included medications, physical therapy, chiropractic care, and medical imaging. There was tenderness over the medial joint line and undersurface of the patella. Patellar pressure caused knee discomfort. Passive extension of the knee produced no complaints of pain. There was tenderness over the pes anserinus bursa. Knee range of motion was 150 degrees of flexion to both the right and left knee and 0 degrees of extension with the right and left knee. The treatment request included MRI of the cervical spine and lumbar spine.

### 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 (Flexion, Extension, Neutral): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), MRI, Lumbar.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

**Decision rationale:** According to the ACOEM guidelines, an MRI of the lumbar spine is recommended for red flag symptoms such as cauda equina, tumor, infection, or uncertain neurological diagnoses not determined or equivocal on physical exam. There were no red flag symptoms. There was no plan for surgery. In this case, there was more gait instability rather than neurological findings related to cervical disease that would alter intervention with information from an MRI. The request for an MRI of the lumbar spine is not medically necessary.