

Case Number:	CM15-0105305		
Date Assigned:	06/09/2015	Date of Injury:	10/01/2005
Decision Date:	11/02/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	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: North Carolina

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:

This is a 51-year-old female with a date of injury on 10-1-2005. A review of the medical records indicates that the injured worker is undergoing treatment for chronic pain syndrome, low back pain, lumbar discogenic pain, lumbar radiculitis, lumbar facet pain, myofascial pain, cervical degenerative disc disease, cervical discogenic pain, carpal tunnel syndrome and left knee pain, status post meniscus repair. According to the progress report dated 5-6-2015, the injured worker complained of aching in her neck, mid back and left knee. She complained of stabbing in her low back and left buttock. The physical exam (5-6-2015) revealed an antalgic gait. There was tenderness over the paraspinals and facet joints at bilateral L4-5 and L5-S1, left more than right. There was tenderness to palpation of the medial and lateral joint lines of the left knee with positive effusion. Treatment has included physical therapy, lumbar epidural steroid injection (12-30-2014 with 50 % pain relief), lumbar radiofrequency ablation, chiropractic treatment and medications. The injured worker was currently using Lidoderm patches. It was noted that her last lumbar magnetic resonance imaging (MRI) was done in 2006. The request for authorization dated 5-6-2015 was for lumbar spine magnetic resonance imaging (MRI), left knee x-ray and orthopedic consult for the left knee. The original Utilization Review (UR) (5-12-2015) denied requests for lumbar spine magnetic resonance imaging (MRI) and orthopedic consult for the left knee for possible injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Spine MRI: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

Decision rationale: The ACOEM chapter on low back complaints and special diagnostic studies states: 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 an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computed tomography [CT] for bony structures). Relying solely on imaging studies to evaluate the source of low back and related symptoms carries a significant risk of diagnostic confusion (false positive test results) because of the possibility of identifying a finding that was present before symptoms began and therefore has no temporal association with the symptoms. Techniques vary in their abilities to define abnormalities (Table 12-7). Imaging studies should be reserved for cases in which surgery is considered or red-flag diagnoses are being evaluated. Because the overall false-positive rate is 30% for imaging studies in patients over age 30 who do not have symptoms, the risk of diagnostic confusion is great. There is no recorded presence of emerging red flags on the physical exam. There is evidence of nerve compromise on physical exam but there is not mention of consideration for surgery or complete failure of conservative therapy. For these reasons, criteria for imaging as defined above per the ACOEM have not been met. Therefore, the request is not medically necessary.

Ortho Consult for Left Knee for Possible Injections: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation, Initial Approaches to Treatment.

Decision rationale: Per the ACOEM : The health practitioner may refer to other specialist if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for 1. Consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability. The patient upon review of the provided medical records has ongoing knee pain. However, criteria for knee injections have not been met in the provided medical records. Therefore, consult for injections are not medically necessary.