

Case Number:	CM15-0012835		
Date Assigned:	03/09/2015	Date of Injury:	01/14/2011
Decision Date:	11/12/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/21/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 46 year old male who sustained a work-related injury on 1-14-11. On 11-20-14 the injured worker noted that his numb spot at the left knee was "getting bigger, going up his thigh and wrapping around his thigh over the past month." Medical documentation on 12-17-14 revealed the injured worker was treated for knee joint replacement, status post right total knee arthroplasty on 7-7-14 and lumbar spine pain. He reported pain in the right lower back was getting worse and he had numbness in the left leg. The numbness was originally over the lateral left knee and it had extended to the anterior and lateral thigh to the lateral side of the knee. He was unable to sit for long or stand for long. On physical examination the injured worker had a normal gait without limping. He had mild tenderness to palpation and percussion of the lumbar spine. His lumbar spine range of motion was flexion to 80 degrees, extension to 20 degrees, lateral bending to 20 degrees bilaterally and rotation to 45 degrees. His bilateral lower extremity strength was 5-5. His sensory exam revealed intact sensation with areas of numbness over the lateral and anterior thigh. The evaluating physician noted that the injured worker's numbness appeared to be worsening with time and an MRI was necessary to determine the cause of the pain-numbness and determine treatment plan. His medications included ibuprofen 800 mg (11-20-14). He completed post-operative physical therapy and felt the physical therapy helped. A request for MRI for the lumbar spine as an outpatient between 12-16-14 and 1-30-15 was received on 12-15-14. On 12-22-14 a utilization review physician determined MRI for the lumbar spine as an outpatient between 12-16-14 and 1-30-15 was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI for The Lumbar Spine As An Outpatient: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter, under MRIs.

Decision rationale: Based on the 12/17/14 progress report provided by the treating physician, this patient presents with worsening right-sided back pain with left leg numbness. The treater has asked for MRI for The Lumbar Spine As An Outpatient on 12/17/14. The patient's diagnoses per request for authorization dated 12/17/14 are knee joint replacement, lumbar spine pain. The patient is s/p right total knee arthroplasty from 7/7/14 and the right knee is "doing just fine" per 12/17/14 report. The patient first noticed numbness of left knee after 7/7/14 surgery per 11/20/14 report. The patient states that the numbness was originally over the lateral left knee, but advanced to lateral thigh, and now extends all the way over anterior/lateral thigh and down to the lateral side of the knee per 12/17/14 report. The patient does not have any pain in the left knee, and finished a course of physical therapy two weeks ago which helped per 11/20/14 report. The patient's work status is "remain off work until 3 months" per 12/17/14 report. MTUS/ACOEM guidelines, Chapter 12, page 303 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." ODG-TWC, Low back chapter, under MRIs (magnetic resonance imaging) (L-spine) states: Indications for imaging - Magnetic resonance imaging: Uncomplicated low back pain, with radiculopathy, after at least 1 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). Review of the reports do not show any evidence of lumbar MRIs being done in the past. Per 12/17/14, the lumbar MRI is "necessary to determine the cause of pain/numbness and determine a treatment plan." In regard to the request for a repeat MRI of the lumbar spine, the treater has provided evidence of progressive neurological deficit (numbness of the left knee that is traveling to the thigh). Physical exam from 12/17/14 shows sensory intact with areas of numbness over lateral/anterior thigh with good perception of painful hard and light touch stimuli. In this case, the patient has had progressive numbness of his left knee/thigh post right knee replacement, and the requested lumbar MRI is reasonable to evaluate the worsening symptoms. Therefore, the request IS medically necessary.