

Case Number:	CM15-0015771		
Date Assigned:	02/03/2015	Date of Injury:	07/23/2000
Decision Date:	04/01/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/27/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 is a 62-year-old male, who sustained an industrial injury on July 23, 2000. The diagnoses have included degenerative joint disease of the knee and multilevel lumbar degenerative disc disease. Treatment to date has included medication, home exercises, osteopathic manipulation treatment, steroid injections and use of assistive devices. Currently, the injured worker complains of right knee pain with activities. The pain is at the medial joint line with some radicular symptoms down the right leg. He rates the pain 7-10 on a 10-point scale and notices increased pain with prolonged time on his feet and with walking. He reports back pain which he rates a 7 on a 10-point scale and reports that lying down alleviates the pain. He is performing a home exercise program and uses pain medications for relief. On examination, the injured worker has a slow, deliberate walk and is assisted with a cane. There is +1 pitting edema of the right knee and some mild patellofemoral crepitus with flexion and extension of the knee. He reports pain with palpation of the patella, medial joint line and distal medial femoral condyle. There is also some medial joint pain with the left knee. With range of motion of the lumbar spine there is a positive standing flexion test on the right and negative straight leg raise 45 degrees bilaterally. On December 23, 2014 Utilization Review non-certified a request for MRI of the lumbar spine, noting that there is little or no complaint consistent of radiculopathy with a negative SLR and normal neurological examination. The California Medical Treatment Utilization Schedule referenced ACOEM and the Official Disability Guidelines were cited. On January 27, 2015, the injured worker submitted an application for IMR for review of MRI of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI - Magnetic resonance (MRI), imaging, spinal canal and contents, lumbar; without contrast material: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines special Studies and Diagnostic and Treatment.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-3-4. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back -MRIs (magnetic resonance imaging).

Decision rationale: MRI - Magnetic resonance (MRI), imaging, spinal canal and contents, lumbar; without contrast material is not medically necessary per the MTUS and the ODG Guidelines. The MTUS recommends imaging studies be reserved for cases in which surgery is considered, or there is a red-flag diagnosis. The 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. The ODG recommends a lumbar MRI when there is a suspected red flag condition such as cancer or infection or when there is a progressive neurologic deficit. The documentation submitted does not reveal progressive neurologic deficits, or a red flag diagnoses. The request for MRI of the lumbar spine is not medically necessary.