

Case Number:	CM15-0142215		
Date Assigned:	08/03/2015	Date of Injury:	12/19/2010
Decision Date:	09/02/2015	UR Denial Date:	07/21/2015
Priority:	Standard	Application Received:	07/23/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 63-year-old who has filed a claim for chronic low back, knee, and neck pain with derivative complaints of headaches reportedly associated with an industrial injury of December 9, 2010. In a Utilization Review report dated July 21, 2015, the claims administrator failed to approve requests for lumbar and knee MRI imaging. The claims administrator referenced a May 2, 2015 progress note in its determination. The applicant's attorney subsequently appealed. On May 2, 2015, the applicant reported ongoing complaints of low back pain radiating to the mid thigh, it was reported. Portions of the note were difficult to follow and mingled historical issues with current issues. The applicant also reported complaints of left knee and left shoulder pain. Headaches and unspecified stomach issues were reported. The applicant seemingly suggested that her radicular pain complaints were gradually worsening over time. The applicant was on Norco, Ambien, Soma, Levoxyl, and Zestril, it was reported. The attending provider acknowledged that the applicant was off of work, on total temporary disability. The attending provider referenced historical MRI imaging of 2011 notable for multilevel degenerative changes and disk bulges of uncertain clinical significance. Well-preserved, 5/5 upper and lower extremity motor function were appreciated. The applicant exhibited a visible limp, it was reported. Vicodin, Ambien, Ativan, and Soma were all renewed. Lumbar MRI imaging, left and right knee MRI imaging, and left shoulder MRI imaging were sought while the applicant was kept off of work, on total temporary disability. The requesting provider was a general practitioner, it was reported. It was not stated how the studies in question would influence or alter the treatment plan.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar MRI: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304.

Decision rationale: No, the request for lumbar MRI imaging was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, page 304, imaging studies should be reserved for cases in which surgery is being considered or red flag diagnoses are being evaluated. Here, however, the attending provider's progress note of May 2, 2015 was difficult to follow, mingled historical issues with current issues, and neither explicitly stated (nor implicitly suggested) that the applicant was intent on acting on the results of the lumbar MRI at issue and/or would go on to consider a surgical intervention based on the outcome of the same. The fact that the attending provider sought authorization for MRI imaging of the bilateral knees, MRI imaging of the neck, and MRI imaging of the lumbar spine in conjunction with plain film imaging of the left shoulder, taken together, significantly reduced the likelihood of the applicant's acting on the results of the study in question and/or consider surgical intervention based on the outcome of the same. The fact that the requesting provider was a general practitioner (as opposed to a spine surgeon or neurosurgeon) further reduced the likelihood of the applicant's acting on the results of the study in question. Therefore, the request was not medically necessary.

Left knee MRI: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 335.

Decision rationale: Similarly, the request for knee MRI imaging was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 13, Table 13-2, page 335 does acknowledge that knee MRI imaging can be employed to confirm a diagnosis of meniscus tear, ACOEM qualifies this position by noting that such testing is indicated only if surgery is being contemplated. Here, as with the preceding request for lumbar MRI imaging, the attending provider, a general practitioner, did not state or suggest that the applicant was in fact intent on pursuing any kind of surgical intervention involving the knee based on the outcome of the study in question. The multiplicity of pain generators, including the lumbar spine, neck, shoulder, knees, etc., coupled with the fact that multiple imaging studies were ordered, significantly reduced the likelihood of the applicant's acting on the results of the

study in question and/or go on to consider a surgical intervention based on the outcome of the same. The fact that the requesting provider was a general practitioner (as opposed to a knee surgeon) further reduced the likelihood of the applicant's acting on the results of the study in question and/or go on to consider a surgical intervention based on the outcome of the same. Therefore, the request was not medically necessary.