

Case Number:	CM15-0142295		
Date Assigned:	08/03/2015	Date of Injury:	05/16/2011
Decision Date:	08/31/2015	UR Denial Date:	07/06/2015
Priority:	Standard	Application Received:	07/22/2015

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: 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:

This is a 48 year old female with a May 16, 2011 date of injury. A progress note dated December 9, 2014 documents subjective complaints (burning neck pain rated at a level of 7 to 8 out of 10; pain associated with numbness and tingling of the bilateral upper extremities; burning mid back pain rated at a level of 7 to 8 out of 10; burning lower back pain rated at a level of 7 to 8 out of 10; pain associated with numbness and tingling of the bilateral lower extremities; burning bilateral knee pain rated at a level of 7 to 8 out of 10; stress, anxiety, insomnia and depression brought on by her chronic pain, physical limitations, inability to work and uncertain future), objective findings (tenderness to palpation at the occiputs, trapezius, sternocleidomastoid and levator scapula muscles; cervical distraction and cervical compression tests are positive bilaterally; sensation to pinprick and light touch are slightly diminished over the C5, C6, C7, C8, and T1 dermatomes in the bilateral upper extremities; tenderness with pain to palpation at the rhomboids and mid trapezius muscles; decreased range of motion of the thoracic spine; able to heel-toe walk with pain; antalgic gait; palpable tenderness noted at the lumbar paraspinal muscles, quadratus lumborum and over the lumbosacral junction; trigger point noted at the posterior superior iliac spine; sciatic notch tenderness; decreased range of motion of the lumbar spine; tripod sign, flip test, and Lasegue's differential are positive bilaterally; Q angle of the knee is increased; effusion noted; tenderness to palpation over the medial and lateral joint line and to the patellofemoral joint, bilaterally; crepitus noted with the ranges of motion; decreased range of motion of the bilateral knees; Apley's compression and patellar grinding tests are positive bilaterally; slightly decreased sensation to pinprick and light touch at the L4, L5, and

S1 dermatomes bilaterally; decreased motor strength in all the represented muscle groups in the bilateral lower extremities), and current diagnoses (cervical spine sprain or strain, rule out herniated nucleus pulposus; thoracic spine sprain or strain, rule out herniated nucleus pulposus; lumbar spine sprain or strain, rule out herniated nucleus pulposus; bilateral knee sprain or strain, rule out internal derangement; anxiety disorder; mood disorder, sleep disorder; stress). Treatments to date have included medications, acupuncture, physical therapy, and magnetic resonance imaging of the lumbar spine, left knee, cervical spine, and thoracic spine in June of 2013/14. The medical record indicates that medications offer temporary relief of pain and improve ability to have restful sleep. The treating physician documented a plan of care that included magnetic resonance imaging of the lumbar spine and left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (magnetic resonance imaging) Lumbar Spine, (retrospective DOS 12/09/14): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back-Indications for imaging-Magnetic resonance imaging.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back/Magnetic Resonance Imaging.

Decision rationale: MTUS Guidelines do not directly address this issue of repeat MRI scanning of the low back. ODG Guidelines address this specific issue and do not recommend repeat scanning unless there is a significant and definitive change in an individual's clinical condition. This individual does not have qualifying change in her condition. The subjective complaints and objective findings have been stable on a long-term basis. Under this circumstances, the repeat MRI (magnetic resonance imaging) Lumbar Spine, (retrospective DOS 12/09/14) was not supported by Guidelines and was not medically necessary.

MRI (magnetic resonance imaging) Left Knee, (retrospective DOS 12/09/14): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee & Leg (Acute & Chronic)-Indications for imaging-Magnetic resonance imaging.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee/Magnetic Resonance Imaging.

Decision rationale: Guidelines support MRI studies of the knee if there are signs and symptoms of persistent intra-articular derangement. The Guidelines include the following quote "This study concluded that, in patients with non-acute knee symptoms who are highly suspected clinically of having intra-articular knee abnormality, magnetic resonance imaging should be

performed to exclude the need for arthroscopy." This individual meets these Guideline standards. A persistent effusion, joint tenderness, diminished ROM and crepitus is documented. With these clinical findings the MRI (magnetic resonance imaging) left knee, (retrospective DOS 12/09/14) was supported by Guidelines and was medically necessary.