

Case Number:	CM15-0144135		
Date Assigned:	08/05/2015	Date of Injury:	01/12/2006
Decision Date:	08/31/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/24/2015

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: Utah, Arkansas
 Certification(s)/Specialty: Family Practice, Sports 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 (IW) is a 57-year-old male who sustained an industrial injury on 01/12/2006. The original report of injury and diagnoses are not found in the medical records reviewed. The injured worker was diagnosed as having: Total bilateral knee replacements. Abnormalities of gait. Lumbar spine discopathy. Lumbar spine radiculitis. Left knee post manipulation under anesthesia with arthroscopic debridement. Right knee degenerative joint disease. Treatment to date has included surgery, physical therapy, and manipulation under anesthesia. Currently, the injured worker complains of persistent episodes of locking and weakness with weight bearing, and pin in the right knee attributed to compensating for the left knee. On examination, there is tenderness at L3 through S1 bilaterally and pain with range of motion. Lumbar spine range of motion is restricted on all planes. The worker's gait is antalgic to the right side. The right knee has restriction in all ranges of motion. There is patellofemoral crepitis on the right. He can fully extend the knee but can only flex about 90 degrees. The worker favors the left knee. He uses a single point cane on the left and range of motion is quite restricted with about 85 degrees flexion and he cannot fully extend the left knee. There is tenderness on the medial and lateral joint line of the left knee. There is severe swelling at suprapatellar on the right knee. There is tenderness in the lumbar spine at L4, L5, and S1 with diminished extension and flexion. There is a bilateral positive straight raise test, and there is weakness with big toe raise bilaterally. The treatment plan includes continuation of aquatic physical therapy sessions and some land exercise. Weight bearing x-rays to assess joint integrity is requested for the right. A request for authorization was made for the following: 3D MRI for the Lumbar Spine without contrast.

IMR ISSUES, DECISIONS AND RATIONALES

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

3D MRI for the Lumbar Spine without contrast: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chapter 12, Low Back Pain, Page 305.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for MRI of the back. MTUS guidelines state the following: Despite the lack of strong medical evidence supporting it, diskography, including MRI, is fairly common, and when considered, it should be reserved only for patients who meet the following criteria: Back pain of at least three months duration. Failure of conservative treatment. Satisfactory results from detailed psychosocial assessment. (Diskography in subjects with emotional and chronic pain problems has been linked to reports of significant back pain for prolonged periods after injection, and therefore should be avoided.) Is a candidate for surgery. Has been briefed on potential risks and benefits from diskography and surgery. The clinical documents lack documentation that the patient has met these criteria. According to the clinical documentation provided and current MTUS guidelines; MRI, as written above, is not indicated as a medical necessity to the patient at this time.