

Case Number:	CM15-0160890		
Date Assigned:	08/27/2015	Date of Injury:	03/21/2005
Decision Date:	09/30/2015	UR Denial Date:	07/18/2015
Priority:	Standard	Application Received:	08/17/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 55 year old female who sustained an industrial injury on 3-21-05. Her initial complaints and the nature of the injury are unavailable for review. The 6-24-15 Primary Treating Physician's Comprehensive Orthopedic Evaluation reports that she sustained injuries in the workplace that included injuries to the lumbar spine, bilateral knees and right ankle. On 6-24-15, she presented to the provider office for follow-up of her injuries. She reported that she "has good days and bad days", indicating that "today is a relatively good day". She complained of right ankle pain, rating "3 out of 10", right knee pain "4 out of 10", back pain "6-7 out of 10", and left knee pain "6 out of 10". She described the right ankle and right knee pain as "achy", the back pain as "achy with sharp components", and the left knee pain as "achy and it pops". Her diagnoses included lumbar spine sprain and strain, status-post right ankle surgery x 2, lumbar spine muscle spasms, status-post left total knee arthroplasty in 2005, left knee arthroscopies x 5, lumbar spine radiculopathy, left lower extremity paresthesias, right knee chondromalacia patellae, right knee laxity, and right knee internal derangement. Her treatment plan included medications and a request for an MRI of the lumbar spine "in order to refer" her to another provider per the AME recommendation of 10-28-13.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the Lumbar Spine: 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.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-5. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, MRI lumbar spine.

Decision rationale: Pursuant to the Official Disability Guidelines, MRI of the lumbar spine is not medically necessary. MRIs of the test of choice in patients with prior back surgery, but for uncomplicated low back pain, with radiculopathy, it is not recommended until after at least one 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 findings suggestive of significant pathology. Indications (enumerated in the official disability guidelines) for imaging include, but are not limited to, lumbar spine trauma, neurologic deficit; uncomplicated low back pain with red flag; uncomplicated low back pain prior lumbar surgery; etc. ACOEM states unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients not respond to treatment and who would consider surgery an option. See the ODG for details. In this case, the injured worker's relevant working diagnoses that applied to the issue (MRI lumbar spine) are lumbar spine sprain strain; lumbar spine muscle spasm; lumbar spine radiculopathy clinically; and lower left extremity paresthesias clinically. Date of injury is more for the first 2005. Request for authorization is June 24, 2015. An MRI lumbar spine was performed on October 9, 2012. The MRI showed, in part, disc bulges, facet arthropathy and HNP at L5 - S1 L4 - L5. According to the June 24, 2015 initial new patient evaluation, subjectively the injured worker complained of back pain 7/10 and right ankle and right knee pain. There was no subjective evidence of radiculopathy. Objectively, there was tenderness to palpation lumbar spine. There was no neurologic examination in the medical record. There were no unequivocal objective findings that identify specific nerve compromise on the neurologic examination. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and findings suggestive of significant pathology. There is no clinical documentation indicating a significant change in symptoms and/or clinical objective findings suggestive of significant pathology. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no clinical documentation reflecting a significant change in symptoms or objective findings, no neurologic examination and no unequivocal objective findings that identify specific nerve compromise, MRI of the lumbar spine is not medically necessary.