

Case Number:	CM15-0180399		
Date Assigned:	09/22/2015	Date of Injury:	10/24/2014
Decision Date:	10/29/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/14/2015

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, California
 Certification(s)/Specialty: Family Practice

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 53-year-old male patient who sustained an industrial injury on October 16, 2014. He sustained the injury while standing up from the driver seat of a package car and twisted his right knee. The diagnoses include right hip joint pain, osteoarthritis of the right hip, right knee sprain and low back injury. Per the doctor's note dated 8/13/2015, he had complaints of constant low back pain rated at 7 out of 10; right hip pain at 8/10 and right knee pain at 5/10 and tightness. The physical examination revealed normal gait, normal lumbar range of motion including flexion and extension, tenderness at left L5, numbness in the left anterior thigh, normal strength and DTRs in the bilateral lower extremities and right knee-normal range of motion, no tenderness and no swelling. The current medications list includes naproxen. The patient has asked for an MRI for his back. Per the note dated 1/5/15, the patient was recommended lumbar spine and right hip X-rays. The right hip X-ray revealed severe DJD of the right hip. He has undergone right knee surgery on 2/25/2015. He has had 6 physical therapy visits for this injury and requested additional PT on 8/13/2015. On August 19, 2015, the treating physician requested a lumbar MRI without dye, but this was denied on August 28, 2015. The patient's current work status is modified duty but "not accommodated by his employer."

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 without dye: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, MRI.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

Decision rationale: MRI of the lumbar spine without dye. Per the ACOEM low back guidelines, "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 and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computer tomography [CT] for bony structures)." Per the doctor's note dated 8/13/2015, the physical examination revealed normal gait, normal lumbar range of motion including flexion and extension, normal strength and DTRs in the bilateral lower extremities. The records provided do not specify any progression of neurological deficits for this patient. Evidence of red flags is not specified in the records provided. Response to complete course of conservative therapy is not specified in the records provided. A recent lumbar spine X-ray report is not specified in the records provided. The medical necessity of MRI of the lumbar spine without dye is not fully established for this patient at this juncture. Therefore, the request is not medically necessary.