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| <b>Case Number:</b>   | CM15-0182202 |                              |            |
| <b>Date Assigned:</b> | 09/23/2015   | <b>Date of Injury:</b>       | 12/19/2010 |
| <b>Decision Date:</b> | 10/27/2015   | <b>UR Denial Date:</b>       | 09/15/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/16/2015 |

### 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, Massachusetts

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 injured worker (IW) is a 63 year old female who sustained an industrial injury on 12-19-2010. The worker had injury to the lower back and bilateral knees. Current diagnoses are acute and chronic bilateral knee pain; sub-acute pain; and chronic lumbar pain. Treatment to date has included diagnostics, physical therapy, knee surgery (08-12-2012) left knee, right knee arthroscopy (06-08-2012). In the provider notes of 09-01-2015, the injured worker presents with acute low back pain with radicular pain bilaterally to the mid-thigh and left buttock. The low back pain is constant, rating a 5-6 on a scale of 0-10 with occasional spikes to '10'. The radicular pain is intermittent. She has cervical spine pain rated a 2 on a scale of 0-10 that is constant with occasional spikes to an 8 on a scale of 0-10 and leading to headaches. She currently has left and right knee pain rated a 7 on a scale of 0-10. The pain is triggered by walking, certain movements, and activities of daily living. The radicular symptoms and weakness in the bilateral lower extremities are worsening. She has no loss of bladder and bowel control. On exam, the worker has diffuse posterior lumbar spine tenderness to palpation and bilateral sacroiliac joint tenderness to palpation. Straight leg raise on the left is positive at 30 degrees, and on the right is positive at 40 degrees. Imaging of a MRI of the lumbar spine is requested with the indications of incontinence, constipation, increasing lumbar pain, left lower extremity, and radiculopathy without improvement. A MRI of the right knee is requested due to a Baker's cyst with flare-ups. The left knee has pain and shows decreased flexion-extension, and the worker walks with an altered, limping and slow gait. The treatment plan is to renew prescriptions for Vicodin, Ambien, Ativan (for MRI) and Soma. A request for authorization was submitted for Outpatient

MRI of the lumbar spine, and Outpatient MRI of the bilateral knees. A utilization review decision 09-15-2015 denied both requests.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Outpatient MRI of the lumbar spine:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004.

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

**Decision rationale:** From my review of the provided medical records it appears that the IW had undergone a lumbar MRI on 8/26/11 which showed mild diffuse disc bulging at L2-3 and moderate stenosis at L4-5 and L5-S1. Since that time, the IW continues to have worsening symptoms including neurologic findings on physical exam that suggest nerve root involvement. The IW has severe radicular symptoms as well as weakness and decreased sensation in a dermatomal distribution on physical exam. According to MTUS citing ACOEM OMPG on lower back complaints, "objective findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging in the patient who does not respond to treatment." Considering the worsening on the IW's symptoms and neurological examination indicating specific nerve compromise, I believe that a follow-up MRI now 4 years from the prior MRI is medically necessary.

**Outpatient MRI of the bilateral knees:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Knee Complaints 2004.

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

**Decision rationale:** The IW has had past MRI on right knee on 3/6/12, which showed a tear of the posterior horn and meniscus. Since then the IW underwent knee arthroscopy for the right knee on 6/7/12 and left knee on 8/22/12. The current request is for a repeat MRI of both knees due to continued pain however there is no documentation of weakness or specific provocative testing that would indicate a current internal derangement that warrants surgical intervention. Barring objective physical exam evidence indicating surgery is a potential consideration, the requested MRI is not medically necessary.