

Case Number:	CM15-0183098		
Date Assigned:	09/24/2015	Date of Injury:	09/20/2010
Decision Date:	11/02/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	09/17/2015

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: Indiana, Michigan, 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:

The injured worker is a 33 year old male who experienced a work related injury on September 20, 2010. Diagnoses include degeneration of intervertebral disc, osteoarthritis of the right knee, lumbar disc disease and radiculopathy and patellofemoral instability. Treatment has involved patellofemoral ligament construction surgery on October 20, 2010 and physical therapy. Request is for MRI of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of 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, Surgical Considerations.

Decision rationale: ACOEM guidelines state unequivocal objective findings that identify nerve compromise on the neurological examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. In this case, physiologic evidence indicates tissue insult with right quadriceps wasting with one half inch of

atrophy present and nerve impairment with decreased sensation in the anterolateral leg. The injured worker has undergone physical therapy and had a surgery on October 20, 2010 indicating surgery is an option. Accordingly, MRI of lumbar spine is medically necessary and appropriate.