

Case Number:	CM15-0184519		
Date Assigned:	09/25/2015	Date of Injury:	10/07/2014
Decision Date:	10/30/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	09/18/2015

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: Arizona, 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 27 year old male, who sustained an industrial injury on 10-7-14. The injured worker is being treated for lumbar sprain-strain, bilateral knee sprain-strain, bilateral testicular pain, sleep disorder and depressive disorder. Treatment to date has included home exercise program, oral medications including Norco 10-325mg, Norflex 100mg, Protonix 20mg; topical medications, physical therapy, acupuncture and activity modifications. On 7-7-15, the injured worker complains of moderate to occasionally severe pain in the low back with numbness and tingling in both legs to the feet; stiffness and tightness of his back with decreased range of motion, sleep disruption due to the pain and spasms in his low back; he also experiences intermittent moderate to occasionally severe pain in the entire right knee radiating to the posterior aspect of the knee with popping, clicking, stiffness, tightness and giving way with limited range of motion. Work status is noted to be temporarily totally disabled. Physical exam performed on 7-7-15 revealed difficulty turning from prone to supine and arising from sitting, upright posture is guarded, gait is slow and antalgic, restricted lumbar range of motion and tenderness over the paralumbar expanse bilaterally with tenderness of the facets at L4-5 and L5-S1; exam of the right knee revealed guarding with motion, medial joint line tenderness and crepitus with motion. The treatment plan on 7-7-15 included a request for (MRI) magnetic resonance imaging of the right knee. On 8-21-15 request for (MRI) magnetic resonance imaging of lumbar spine was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (magnetic resonance imaging), Lumbar spine: Upheld

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

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

Decision rationale: According to the ACOEM guidelines, an MRI of the lumbar spine is recommended for red flag symptoms such as cauda equina, tumor, infection, or uncertain neurological diagnoses not determined or equivocal on physical exam. There were no red flag symptoms. There was no plan for surgery. The claimant had an MRI a year ago that showed degenerative changes. The request for another MRI of the lumbar spine is not medically necessary.