

Case Number:	CM15-0189881		
Date Assigned:	10/15/2015	Date of Injury:	06/19/2014
Decision Date:	12/17/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	09/28/2015

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

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:

This is a 54-year-old male with a date of industrial injury 6-19-2014. The medical records indicated the injured worker (IW) was treated for post-concussive syndrome with slight memory loss; lumbar and thoracic spine: rule out internal derangement and herniated nucleus pulposus, positive radiculopathy; and left knee strain-sprain versus medial meniscus injury. In the progress notes (12-23-14), the IW reported upper back pain and low back pain rated 7 to 8 out of 10; the pain interfered with activities of daily living (standing, sitting, walking). On examination (12-23-14 notes), there was tenderness over the T10 vertebral body and myospasms in the thoracolumbar spine. Straight leg raise was positive on the left. Lower extremity testing was normal for reflexes, muscle strength and sensation. There was crepitus in the right knee and positive McMurray's sign and popliteal cyst. There were no notes indicating a problem with the left knee. Treatments included medications (Cyclobenzaprine tablets and cream, Gabapentin tablets and compounded cream, Methocarbamol and Tylenol ES), physical therapy, acupuncture and chiropractic care, but he stated his condition was "unchanged". The IW was temporarily totally disabled. All imaging records were available for review. A Request for Authorization was received for retrospective MRI of the left knee study date 1-5-15; retrospective x-rays (lumbar spine) study date 1-5-15; retrospective x-rays (cervical spine) study date 1-5-15; retrospective MRI (lumbar spine) study date 1-5-15; retrospective MRI (cervical spine) study date 1-5-15. The Utilization Review on 9-10-15 non-certified the request for retrospective MRI of the left knee study date 1-5-15; retrospective x-rays (lumbar spine) study date 1-5-15; retrospective x-rays(cervical spine) study date 1-5-15; retrospective MRI (lumbar spine) study date 1-5-15; retrospective MRI (cervical spine) study date 1-5-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for MRI left knee report dated 1/6/2015 (study date 1/5/2015):

Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic), MRIs (magnetic resonance imaging).

Decision rationale: The Official Disability Guidelines state that an MRI of the knee is indicated if internal derangement is suspected. No red-flag indications are present in the medical record. Detailed evidence of severe and/or progressive deficits has not been documented. Retrospective request for MRI left knee report dated 1/6/2015 (study date 1/5/2015) is not medically necessary.

Retrospective request for x-ray lumbar report dated 1/31/2015 (study date 1/5/2015):

Upheld

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: The MTUS states that radiographs of the lumbar spine are indicated when red flags are present indicating fracture, cancer, or infection. The medical record contains no documentation of red flags indicating that a lumbar x-ray is appropriate. At present, based on the records provided, and the evidence-based guideline review, the request is non-certified. Retrospective request for x-ray lumbar report dated 1/31/2015 (study date 1/5/2015) is not medically necessary.

Retrospective request for x-rays cervical report dated 1/6/2015 (study date 1/5/2015):

Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

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

Decision rationale: According to the MTUS, special studies such as a cervical x-ray are not needed unless a red-flag condition is present. Cervical radiographs are most appropriate for patients with acute trauma associated with midline vertebral tenderness, head injury, drug or alcohol intoxication, or neurologic compromise. There is no documentation of any of the above criteria. Retrospective request for x-rays cervical report dated 1/6/2015 (study date 1/5/2015) is not medically necessary.

Retrospective request MRI lumbar report dated 1/6/2015 (study date 1/5/2015): Upheld

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: The MTUS states that 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. The medical record fails to document sufficient findings indicative of nerve root compromise which would warrant an MRI of the lumbar spine. Retrospective request MRI lumbar report dated 1/6/2015 (study date 1/5/2015) is not medically necessary.

Retrospective request for MRI cervical spine (study date 1/5/2015): Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

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

Decision rationale: The MTUS states that an MRI or CT is recommended to validate diagnosis of nerve root compromise, based on clear history and physical examination findings, in preparation for invasive procedure. In addition, the ACOEM Guidelines state the following criteria for ordering imaging studies: 1. Emergence of a red flag, 2. Physiologic evidence of tissue insult or neurologic dysfunction, 3. Failure to progress in a strengthening program intended to avoid surgery, 4. Clarification of the anatomy prior to an invasive procedure. There is no documentation of any of the above criteria supporting a recommendation of a cervical MRI. Retrospective request for MRI cervical spine (study date 1/5/2015) is not medically necessary.