

Case Number:	CM15-0197449		
Date Assigned:	10/12/2015	Date of Injury:	06/05/2013
Decision Date:	11/30/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/07/2015

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, New York, 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:

The applicant is a represented 49-year-old who has filed a claim for knee and low back pain reportedly associated with an industrial injury of June 5, 2013. In a Utilization Review report dated September 30, 2015, the claims administrator failed to approve a request for the lumbar and knee MRI imaging. The claims administrator referenced a September 23, 2015 RFA and an associated September 15, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On a letter dated October 14, 2015, the attending provider appealed the denied MRI studies. Non-MTUS ODG Guidelines were invoked in the appeal letter. The request provider was a physiatrist, it was acknowledged. The requesting provider suggested that the applicant could have issues with possible internal derangement of the knee and/or SI joint pathology. The attending provider did not state how said studies would influence or alter the treatment plan but stated that lumbar MRI imaging was being ordered on a rule-out basis, before the possibility of sacroiliac joint pathology was entertained. On September 15, 2015, the applicant reported ongoing complaints of low back pain radiating to the bilateral thighs. The applicant also reported complaints of insidious-onset bilateral knee pain. The applicant was using Percocet, Lodine, Zolof, Neurontin, and Ativan, it was reported. Negative straight leg raising was noted. The applicant would exhibit a slow gait. Full range of motion about the injured knee was noted. The applicant was asked to undergo both right knee and lumbar MRI studies. The attending provider, a physiatrist, stated that the studies were being ordered to "elucidate the anatomy" and "rule out internal derangement" of the body parts in question. The applicant was not working with restrictions in place, the treating provider acknowledged.

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: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: No, the request for MRI imaging of the lumbar spine was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, page 304, imaging studies should be reserved for cases in which surgery is being considered or red flag diagnoses are being evaluated. Here, however, there was no mention how the proposed lumbar MRI would influence or alter the treatment plan, either via the September 15, 2015 office visit or via the October 14, 2015 appeal letter at issue. The attending provider suggested on October 14, 2015 that the lumbar MRI studies had been ordered on a rule-out basis, to exclude any lumbar spine pathology before entertaining the possibility of sacroiliac joint pathology. There was no mention of the applicant's having a red flag diagnosis or considering any kind of surgical intervention based on the outcome of the study. The fact that two different MRI studies were concurrently ordered significantly reduced the likelihood of the applicant's acting on the results of either study and/or go on to consider surgical intervention based on the outcome of the same. The fact that the requesting provider was a physiatrist (as opposed to a spine surgeon or neurosurgeon) further reduced the likelihood of the applicant's acting on the results of the study in question. Therefore, the request was not medically necessary.

MRI of the right knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Diagnostic Criteria.

Decision rationale: Similarly, the request for MRI imaging of the right knee was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 13, Table 13-2 pages 335-336 notes that MRI imaging can be employed to confirm a variety of diagnoses involving the knee, including those of meniscus tear, collateral ligament tear, cruciate ligament tear, patellar tendonitis, etc., ACOEM qualifies its decision by noting that such testing is indicated "only if surgery is contemplated." Here, however, neither the September 15, 2015 office visit nor the October 14, 2015 appeal letter made any mention of how the proposed knee MRI study would influence or alter the treatment plan. There was no mention of the applicant's willingness to consider or contemplate any kind of surgical intervention based on the outcome of the study in question. The attending provider's September

15, 2015 office visit did not, moreover, clearly state what diagnosis and/or issue involving the knee was suspected, but, rather, stated that the study in question had been ordered for the purposes of elucidating the anatomy and/or ruling out internal derangement of the knee. It did not appear that the attending provider had a specific diagnosis in mind. The fact that the requesting provider was a physiatrist (as opposed to a knee surgeon) significantly reduced the likelihood of the applicant's acting on the results of the study in question and/or going on to consider surgical intervention based on the outcome of the same. The fact that two different MRI studies were concurrently ordered further reduced the likelihood of the applicant's acting on the results of the study in question. There was, in short, neither an explicit statement (nor an implicit expectation) that the applicant would act on the results of the study in question and consider surgical intervention based on the outcome of the same. Therefore, the request was not medically necessary.