

<b>Case Number:</b>	CM15-0199293		
<b>Date Assigned:</b>	10/14/2015	<b>Date of Injury:</b>	02/22/2012
<b>Decision Date:</b>	11/23/2015	<b>UR Denial Date:</b>	09/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2015

### 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 53 year old male with an industrial injury date 12-01-2001 (cumulative trauma 07-10-1986 - 02-22 2012). Medical record review indicates he is being treated for cervical spine sprain-strain, lumbar spine sprain-strain with left sacroiliac joint sprain, bilateral knee patellofemoral arthralgia and bilateral plantar fasciitis. Subjective complaints (09-03-2015) included low back pain with numbness in the left lower extremity with increased pain on standing and sitting. The pain is rated as 6-7 out of 10 and described as "moderate, frequent, and sharp on motion and ache." Other complaints included ongoing bilateral knee pain with popping and clicking. The pain is rated as 4-5 out of 10 and is described as moderate, frequent and sharp on motion. Work status (09-03-2015) is documented as "temporary totally disabled." Prior treatment included medications and home exercise program. Physical exam (09-03-2015) findings included tenderness to palpation over the lower lumbar levator spine. Range of motion of the lumbar spine was as follows: Flexion: 40 degrees, extension: 10 degrees and right and left side bending: 15 degrees. Straight leg raising test was positive in the low back. Kemp's test was positive. Bilateral knee exam revealed tenderness over the left greater than right peripatellar region. Grind test was positive and crepitus was present. Range of motion of the knees is documented as follows: Flexion: 130 degrees and extension: 0 degrees. Diagnostic test included ultrasound of bilateral knees dated 02-18-2015 and was read as follows: Bilateral patellar tendinitis, infrapatellar pole, prepatellar bursitis, Hoffa's fat pad inflammation, Bilateral normal menisci, Bilateral collateral and cruciate ligaments, intact and negative for tear, Bilateral

normal popliteal fossa. Neurological testing of bilateral lower extremities (02-09-2015) was read as follows: No electrical evidence of a lumbar radiculopathy or plexopathy affecting the lumbar 3 through the sacral 1 lower motor nerve fibers of the bilateral lower extremities or corresponding lumbar paraspinous. No electrical evidence of generalized peripheral neuropathy. The treating physician requested authorization for an MRI scan of the lumbar spine "as the patient is experiencing worsening symptoms of the left lower leg numbness and tingling, decreased motion, decreased function and positive orthopedic findings." MRI of the bilateral knees was also requested "as the patient has worsening symptoms of locking, buckling and giving way with orthopedic findings on examination." Medical record review does not indicate prior x-rays of lumbar spine or bilateral knees. On 09-17-2015 the request for MRI of the lumbar spine and MRI of bilateral knees was non-certified by utilization review.

### **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:** Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): 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. In this case, the claimant had a positive straight leg raise test that was not present previously but recent progress notes did not indicate any other neurological abnormalities and clinical justification for the MRI. The request for an MRI of the lumbar spine is not medically necessary.

#### **MRI bilateral knees:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee-MRI.

**MAXIMUS guideline:** Decision based on MTUS Knee Complaints 2004, Section(s): Summary. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee chapter and pg 47.

**Decision rationale:** According to the ACOEM guidelines, an MRI of the knee is not recommended for collateral ligament tears. It is recommended pre-operatively for determining the extent of an ACL tear. According to the ODG guidelines: Indications for imaging -- MRI (magnetic resonance imaging): Acute trauma to the knee, including significant trauma (e.g., motor vehicle accident), or if suspect posterior knee dislocation or ligament or cartilage disruption. Non-traumatic knee pain, child or adolescent: non-patellofemoral symptoms. Initial anteroposterior and lateral radiographs non-diagnostic (demonstrate normal findings or a joint

effusion) next study if clinically indicated. If additional study is needed.- Non-traumatic knee pain, child or adult. Patellofemoral (anterior) symptoms. Initial anteroposterior, lateral, and axial radiographs non-diagnostic (demonstrate normal findings or a joint effusion). If additional imaging is necessary, and if internal derangement is suspected. Non-traumatic knee pain, adult. Non-trauma, non-tumor, non-localized pain. Initial anteroposterior and lateral radiographs non-diagnostic (demonstrate normal findings or a joint effusion). If additional studies are indicated, and if internal derangement is suspected. Non-traumatic knee pain, adult – non-trauma, non-tumor, non-localized pain. Initial anteroposterior and lateral radiographs demonstrate evidence of internal derangement; Repeat MRIs: Post-surgical if need to assess knee cartilage repair tissue. Routine use of MRI for follow-up of asymptomatic patients following knee arthroplasty is not recommended. In this case, the claimant does have chronic knee pain that is non-diagnostic from x-rays and ultrasounds. The claimant has abnormal clicking and unable to bear weight due to pain in the knee. The request for an MRI of the knee is appropriate. Therefore, the requested treatment is medically necessary.