

<b>Case Number:</b>	CM15-0202848		
<b>Date Assigned:</b>	10/19/2015	<b>Date of Injury:</b>	09/19/2014
<b>Decision Date:</b>	12/01/2015	<b>UR Denial Date:</b>	09/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2015

### 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: Emergency 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 injured worker is a 43-year-old male who sustained an industrial injury on 9-19-2014 and has been treated for right knee, hip, and low back pain. He had a right knee arthroscopy and patellar ligament-medial retinaculum PRP injection in 4-1015, but on 8-5-2015 reported "buckling sensations," especially when walking up stairs and pain in his right knee and hip rated as 8-9 out of 10. Prolonged positioning was noted to cause discomfort, and hip pain is beginning to cause low back symptoms. Another physician is noted to have told the injured worker his hip pain "is attributed to the lower back." Objective examination noted trochanteric bursae tenderness to palpation, positive straight leg raising, and tenderness to lumbar paravertebral muscles with guarding. Documented treatment includes home exercise, Meloxicam, Tramadol, and Norco. The treating physician's plan of care includes an MRI of the lumbar spine "to evaluate the low back pain and complaint of right lower extremity radicular symptoms." This was denied on 9-18-2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI lumbar without contrast:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004.

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

**Decision rationale:** As per ACOEM Guidelines, imaging studies should be ordered in event of "red flag" signs of symptoms, signs of new neurologic dysfunction, clarification of anatomy prior to invasive procedure or failure to progress in therapy program. Patient does not meet any of these criteria. There are no documented red flag findings in complaints or exam. There is no noted new neurologic dysfunction. Exam is not consistent with radicular pain. Patient has had an MRI already on 8/12/15 which is reportedly normal. Request for service was submitted on 9/15/15 and UR denied request on 9/18/15. There is no documentation that this was a retrospect request. There is no justification documented for why a repeat MRI of lumbar spine was needed. MRI of lumbar spine is not medically necessary.