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| Case Number: | CM15-0204612 | | |
| Date Assigned: | 10/21/2015 | Date of Injury: | 05/19/2015 |
| Decision Date: | 12/03/2015 | UR Denial Date: | 10/14/2015 |
| Priority: | Standard | Application Received: | 10/19/2015 |

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: New Jersey

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 41 year old male who sustained an industrial injury on 05-19-2015. Medical records indicated the worker was treated for lumbosacral sprain-strain, rule out disc lesion, right leg pain, and knee pain. In the provider notes of 10-06-2015, the injured worker complains of low back pain rated a 7-8 on a scale of 0-10 and described as moderate. Pain is made worse with sitting, and prolonged sitting will cause pain to radiate to the right buttock. He also has right knee pain for which he wears a supportive knee brace. He completed 8 physical therapy visits which he says helped his knee pain, and has completed five chiropractic office visits which a residual low back pain. Daily living activities are limited due to back and knee pain. On exam, he has lumbar range of motion that includes flexion of 35 degrees, extension of 10 degrees with pain at L4-5. Straight leg raise causes mild radiation to the posterior right hip. Kemps test showed non-radiating tenderness at the low back. Deep tendon reflexes were 1+ and even in the lower extremities. Palpable edema was noted on the right L4-5 level. The treatment plan includes continued therapy and further diagnostic studies. Radiologic evaluations of the lumbar spine and x-ray of the right knee were requested with a re-evaluation of the worker in one month's time. A request for authorization was submitted for: 1. Outpatient MRI of the lumbar spine without contrast, 2. X-ray of the knee, 3. Re-evaluation exam in 1 month. A utilization review decision 10-14-2015 denied the requests for: Outpatient MRI of the lumbar spine without contrast and X-ray of the knee, and authorized the request for Re-evaluation exam in 1 month.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient MRI of the lumbar spine 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): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back section, MRI.

Decision rationale: MTUS Guidelines for diagnostic considerations related to lower back pain or injury, require that for MRI to be warranted there needs to be unequivocal objective clinical findings that identify specific nerve compromise on the neurological examination (such as sciatica) in situations where red flag diagnoses (cauda equina, infection, fracture, tumor, dissecting/ruptured aneurysm, etc.) are being considered, and only in those patients who would consider surgery as an option. In some situations where the patient has had prior surgery on the back, MRI may also be considered. The MTUS also states that if the straight-leg-raising test on examination is positive (if done correctly) it can be helpful at identifying irritation of lumbar nerve roots, but is subjective and can be confusing when the patient is having generalized pain that is increased by raising the leg. The Official Disability Guidelines (ODG) state that for uncomplicated low back pain with radiculopathy MRI is not recommended until after at least one month of conservative therapy and sooner if severe or progressive neurologic deficit is present. The ODG also states that repeat MRI should not be routinely recommended, and should only be reserved for significant changes in symptoms and/or findings suggestive of significant pathology. The worker in this case had insufficient subjective complaints or physical findings to suggest there was a lumbar spinal neuropathy/radiculopathy to warrant MRI. There was normal lower extremity sensation. No strength testing or reflex testing was reported as being completed. There was also no significant change to symptoms compared to previous reports to the time of this request with only improvements from physical therapy and medication use. Without more clear evidence from reported symptoms and physical findings, the request for MRI of the lumbar spine is not medically necessary.

X-ray of the knee: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004.

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

Decision rationale: The MTUS ACOEM Guidelines state that special studies, including x-rays, of the knees are not needed for most knee complaints until after a period of care and observation and once red flag issues are ruled out. Criteria for not requiring an x-ray of the knee, based on the American College of Radiology (ACR), include: 1. The patient is able to walk without a limp, and 2. The patient had a twisting injury and there is no effusion. Also, criteria for ordering an x-ray include: 1. Joint effusion within 24 hours of direct blow or fall, 2. Palpable tenderness over fibular head or patella, 3. Inability to walk (four steps) or bear weight immediately or within a week of the trauma, 4. Inability to flex knee to 90 degrees, and 5. Patients with significant hemarthrosis and a history of acute trauma. In the case of this worker, there was some improvement of knee symptoms reported related to recent physical therapy and medication use. No reinjury was reported or any worsening in symptoms. Physical findings were not suggestive of any bony abnormality, and the worker was able to walk. The request also did not include which knee was being requested to be imaged. Therefore, the request for x-ray of the knee is not medically necessary.