

<b>Case Number:</b>	CM15-0205670		
<b>Date Assigned:</b>	10/22/2015	<b>Date of Injury:</b>	09/04/2015
<b>Decision Date:</b>	12/03/2015	<b>UR Denial Date:</b>	09/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2015

### 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(n) 48 year old male, who sustained an industrial injury on 9-4-15. The injured worker was diagnosed as having right knee contusion and secondary lumbar pain. Subjective findings (9-9-15, 9-16-15) indicated right knee and low back pain. The injured worker rated his right knee pain 8 out of 10. Objective findings (9-9-15, 9-16-15) revealed a mild patellofemoral grinding and clicking in both knees and low back tenderness on direct pressure with full range of motion. As of the PR2 dated 9-25-15, the injured worker reports right knee and low back pain. Objective findings include mild effusion in the right knee and a positive patellofemoral click with range of motion. Treatment to date has included Vicodin and Soma. The Utilization Review dated 9-28-15, non-certified the request for a lumbar MRI without contrast, a right knee MRI without contrast and a lumbar corset.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI without contrast lumbar spine:** Upheld

**Claims Administrator 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 Chapter, MRI.

**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 complained in a recent office visit of back and right knee pain. However, there were no subjective reports or physical findings suggestive of spinal radiculopathy present at the time of this request such as no numbness, normal strength and sensation of legs, full lumbar range of motion and normal straight leg raise test. There was no other indication of any red flag diagnosis which would have warranted MRI. Therefore, without a clear indication for this test, the request for MRI of the lumbar spine is not medically necessary.

**MRI without contrast right knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Knee Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Knee & Leg Chapter.

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

**Decision rationale:** The MTUS ACOEM Guidelines state that special testing such as MRI is not needed to evaluate most knee complaints until after a period of conservative care and observation and after red flag issues are ruled out. The criteria for MRI to be considered includes joint effusion within 24 hours of injury, inability to walk or bear weight immediately or within a week of the trauma, and inability to flex knee to 90 degrees. With these criteria and the physician's suspicion of meniscal or ligament tear, an MRI may be helpful with diagnosing. In the case of this worker, there was complaint of low back pain and right knee pain. He had existing right knee pain prior to the injury. In the notes provided, there was insufficient evidence for internal derangement to warrant MRI of the right knee. There was no significant laxity in the joint and only mild crepitus of the patella. There was no other clear indication for this request

such as a suspicion for any red flag diagnosis. Therefore, this request for right knee MRI is not medically necessary.

**Lumbar Corset, lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Low Back Chapter.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back section, Lumbar supports (PREVENTATIVE).

**Decision rationale:** The MTUS ACOEM Guidelines state that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The ODG states that lumbar supports are not recommended for prevention, but may be considered as an option for treatment for compression fractures, postoperatively (fusion), spondylolisthesis, documented instability, and for nonspecific low back pain (very low quality evidence but may be considered). In the case of this worker, there was a request for a lumbar brace/corset in response to the worker's complaint of low back pain. However, there was no evidence of laxity and there was normal range of motion found in the spine. There was no indication otherwise for a brace for prevention and there was no evidence for the worker undergoing back surgery to warrant use afterwards. Therefore, this request for lumbar corset is not medically necessary at this time.