

<b>Case Number:</b>	CM15-0023206		
<b>Date Assigned:</b>	02/12/2015	<b>Date of Injury:</b>	02/25/2011
<b>Decision Date:</b>	03/26/2015	<b>UR Denial Date:</b>	02/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/06/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 50 year old female with an industrial injury dated February 25, 2011. The injured worker diagnoses include lumbar spinal stenosis, sciatica and meniscal tear of the knee. She has been treated with diagnostic studies, radiographic imaging, prescribed medications, physical therapy and periodic follow up visits. According to the progress note dated 1/26/2015, the injured worker reported persistent pain in her right leg, primarily the knee and continued lower back pain with radicular symptoms shooting down the leg. Treating physician noted that the injured worker walked with a full flexed position of the left knee and accompanying limp. The left knee had flexion contracture with flexion and pain on motion. The leg was noted to be cooler. Physical exam also revealed tenderness to palpitation in the lower lumbar spine, persistent calf atrophy and positive straight leg testing. The treating physician prescribed services of MRI without contrast, lumbar spine. Utilization Review determination on February 5, 2015 denied the request for MRI without contrast, lumbar spine, citing MTUS, ACOEM Guidelines.

### 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 ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back-Lumbar & Thoracic (Acute & Chronic), MRIs (magnetic resonance imaging)

**Decision rationale:** The claimant is more than 4 years status post work-related injury and continues to be treated for diagnoses including lumbar spinal stenosis and a knee meniscal tear. Applicable criteria for obtaining an MRI would include a history of trauma with neurological deficit, when there are 'red flags' such as suspicion of cancer or infection, or when there is radiculopathy with severe or progressive neurologic deficit. In this case, there is no identified new injury. There are no identified 'red flags' that would support the need for obtaining an MRI scan which therefore was not medically necessary.