

Case Number:	CM15-0027172		
Date Assigned:	02/19/2015	Date of Injury:	02/05/2009
Decision Date:	04/07/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	02/12/2015

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: Physical Medicine & Rehabilitation

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 male who sustained an industrial injury on 2/5/09. The injured worker reported symptoms in the back, bilateral elbows and bilateral knees. The diagnoses included post traumatic bilateral knee pain, low back pain, bilateral hip pain, and elbow pain. Treatments to date include oral pain medication. In a progress note dated 1/13/15 the treating provider reports upon physical examination of the lumbar spine the injured worker was with "severe pain tenderness present" and noted regarding the elbows "tenderness swelling present. Movements are extremely painful. Cannot flex his elbow all the way." On 1/14/15 Utilization Review non-certified the request for magnetic resonance imaging lumbar spine, consultation with [REDACTED], magnetic resonance imaging bilateral elbows and consultation with [REDACTED]. The MTUS, ACOEM Guidelines, (or ODG) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Lumbar Spine: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official disability guidelines Low Back Chapter on MRI.

Decision rationale: This patient presents with bilateral hip, bilateral elbow, lumbar spine, and bilateral knee pain. The treater is requesting an MRI OF THE LUMBAR SPINE. The RFA was not made available for review. The stated date of injury is from 02/05/2009 and his current work status was not made available. The ACOEM Guidelines page 303 on MRI for back pain states that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and would consider surgery as an option. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. ODG also states that repeat MRIs are not routinely recommended and should be reserve for significant change in symptoms and/or findings suggestive of significant pathology e.g. tumor, infection, fracture, nerve compression, and recurrent disk herniation. The records do not show any previous MRI reports. The 12/12/2014 report notes that the patient had an MRI years ago, the date of which is unknown. The examination from the 12/12/2014 report shows severe pain in the lumbar spine. There is tenderness present at 4+. Straight leg raise is positive at 25. Reflexes are normal. In this case, given the patient's clinical findings, the request for an MRI of the lumbar spine is appropriate. The request IS medically necessary.

Consult with [REDACTED]: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch: 7 page 127.

Decision rationale: This patient presents with bilateral hip, bilateral elbow, lumbar spine, and bilateral knee pain. The treater is requesting a CONSULT WITH [REDACTED]. The RFA was not made available for review. The patient stated injury is from 02/05/2009 and his current work status was not made available. The ACOEM Guidelines page 127 states that a health practitioner may refer to other specialist if a diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the pain and course of care may benefit from additional expertise. The 12/12/2014 report notes that the treater would like a consultation with [REDACTED] for the patient's back problems. Given the patient's chronic back problems, a referral to a specialist is warranted and is supported by the ACOEM guidelines. The request IS medically necessary.

MRI Bilateral Elbows: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Elbow Chapter on MRI.

Decision rationale: This patient presents with bilateral hip, bilateral elbow, lumbar spine, and bilateral knee pain. The treater is requesting an MRI BILATERAL ELBOWS. The RFA was not made available for review. The patient stated injury is from 02/05/2009 and his current work status was not made available. The MTUS and ACOEM Guidelines do not address this request. However, the ODG Guidelines under the Elbow Chapter on MRIs states, "Recommended as indicated below. Magnetic resonance imaging may provide important diagnostic information for evaluating the adult elbow in many different conditions, including: collateral ligament injury, epicondylitis, injury to the biceps and triceps tendons, abnormality of the ulnar, radial, or median nerve, and for masses about the elbow joint." The records do not show any previous MRI of the bilateral elbows. The examination from the 12/12/2014 report shows 4+ tenderness and swelling at the bilateral elbows. Movements are extremely painful. The patient cannot flex his elbow all the way. No neurological or sensory deficits were noted on the examination. In this case, given the patient's significant clinical findings, an MRI is appropriate. The request IS medically necessary.

Consult with [REDACTED]: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch: 7 page 127.

Decision rationale: This patient presents with bilateral hip, bilateral elbow, lumbar spine, and bilateral knee pain. The treater is requesting a CONSULT WITH [REDACTED]. The RFA was not made available for review. The patient stated injury is from 02/05/2009 and his current work status was not made available. The ACOEM Guidelines page 127 states that a health practitioner may refer to other specialist if a diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the pain and course of care may benefit from additional expertise. The records do not show any previous consultation with [REDACTED]. The 10/10/2014 report shows that the treater would like a consultation with [REDACTED], an orthopedic specialist for the patient's knees. In this case, the ACOEM guidelines supports referral to other specialist and the request IS medically necessary.