

<b>Case Number:</b>	CM15-0028699		
<b>Date Assigned:</b>	03/13/2015	<b>Date of Injury:</b>	10/07/2004
<b>Decision Date:</b>	05/06/2015	<b>UR Denial Date:</b>	01/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/17/2015

### 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: Arizona, California, Florida  
 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 79-year-old male who reported injury on 10/07/2014. The mechanism of injury was cumulative trauma. The injured worker was noted to undergo an MRI of the lumbar spine on 07/11/2014 and an MRI of the left knee on 07/11/2014. Prior therapies included acupuncture. Additionally, the injured worker underwent LINT therapy. The documentation of 01/02/2015 revealed the injured worker had complaints of achy mid back pain and muscle spasms as well as low back pain and muscle spasms. The injured worker was noted to be status post right knee arthroscopy. The objective physical examination revealed decreased range of motion of the lumbar spine. The injured worker had bilateral lumbar paraspinal muscle guarding. The spinous processes at L4 and L5 had +2 tenderness to palpation. There was +2 tenderness to palpation at the sacrotuberous ligaments. The straight leg raise was positive bilaterally. The examination revealed the injured worker had a positive McMurray's test on the left. The diagnoses included lumbar spine pain; lumbar spine degenerative disc disease; and meniscus derangements, lateral meniscus, bilateral knee per MRI. The treatment plan included an MRI of the lumbar spine, thoracic spine, cervical spine, right shoulder, and left shoulder. There was no Request for Authorization submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 MRI of the lumbar spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, MRIs (magnetic resonance imaging).

**Decision rationale:** The Official Disability Guidelines indicate a repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms or findings suggestive of significant pathology. The clinical documentation submitted for review failed to provide documentation of a significant change in symptoms or findings suggestive of significant pathology to support a repeat study. Given the above, the request for 1 MRI of the lumbar spine is not medically necessary.

**1 MRI of the left knee: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 347.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, MRI.

**Decision rationale:** The Official Disability Guidelines indicate a repeat MRI is appropriate post-surgically. There was a lack of documentation indicating the injured worker's symptoms or findings had significantly changed to support the necessity for a repeat MRI. Given the above, the request for 1 MRI of the left knee is not medically necessary.