

<b>Case Number:</b>	CM15-0213090		
<b>Date Assigned:</b>	11/02/2015	<b>Date of Injury:</b>	10/20/2008
<b>Decision Date:</b>	12/18/2015	<b>UR Denial Date:</b>	10/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2015

### 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 was a 62 year old female, who sustained an industrial injury, October 20, 2008. The injured worker was undergoing treatment for lumbar degenerative joint disease and or degenerative disc disease and knee degenerative joint disease and or degenerative disc disease. According to progress note of October 6, 2015, the injured worker's chief complaint was low back, both knees and left ankle pain. The injured worker ambulated with a cane. The injured worker was having issues with sleep. The injured worker had recently not had any medications because of denials. The objective findings were tenderness to both knees as well as swelling more in the right than the left. The injured worker reported shooting pain down the legs. The injured worker previously received the following treatments lumbar spine MRI without contrast completed on October 19, 2015, which showed a disc herniation at L5-S1, Naproxen, Protonix, Flexeril, Tramadol, left knee cortisone injection, Hyalgan injection in the left knee, back brace, TENS unit, x-rays of the lumbar spine. The RFA (request for authorization) dated October 6, 2015, the following treatments were requested a lumbar spine MRI without contrast and thoracic spine and standing x-ray of the left knee. The UR (utilization review board) denied certification on October 16, 2015; for lumbar spine MRI without contrast.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Magnetic resonance imaging (MRI) without contrast of lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

**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-Lumbar & Thoracic (Acute & Chronic), MRIs (magnetic resonance imaging): Indications for imaging and Other Medical Treatment Guidelines American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6, p13.

**Decision rationale:** The claimant sustained a work injury in October 2008 when, while working as lead assembler, she was walking backwards and twisted her back and knees causing her to fall. She underwent right knee arthroscopic surgery in December 2010. An MRI of the lumbar spine was done in November 2011 showing findings of multilevel disc protrusions with canal and bilateral foraminal narrowing. She was seen by the requesting provider on 10/06/15. There had been a 40 pound weight gain since her injury. She was ambulating with a cane. She was having difficulty sleeping. Physical examination findings included an elevated blood pressure. There was bilateral knee tenderness with swelling. She had decreased and painful knee range of motion. Recommendations included the requested MRI scan of the lumbar spine. Guidelines recommend against repeating diagnostic testing without indication. In this case the claimant has already had an MRI of the lumbar spine and there had been no new injury. There was no neurological examination recorded when the request was made. The prior scan results were not reviewed for correlation with her current condition. There were no red flags or other indication for a repeat scan. A repeat scan is not medically necessary.