

Case Number:	CM15-0215508		
Date Assigned:	11/05/2015	Date of Injury:	04/07/2011
Decision Date:	12/16/2015	UR Denial Date:	10/22/2015
Priority:	Standard	Application Received:	11/02/2015

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 53 year old female, who sustained an industrial injury on 4-7-2011. The medical records indicate that the injured worker is undergoing treatment for osteoarthritis of the knee. According to the progress report dated 10-12-2015, the injured worker presented with complaints of right knee pain. No subjective complaints regarding the lumbar spine were noted. Physical examination of the lumbar spine was not indicated. The current medications are Xanax, Duexis, Glucosamine, Forteo, and Vicodin. Previous diagnostic studies include x-rays, bone density, and MRI of the right knee. Treatments to date include medication management. Work status is described as temporarily totally disabled. The original utilization review (10-22-2015) had non-certified a request for MRI of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (magnetic resonance imaging), lumbar spine without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009.

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.

Decision rationale: The claimant sustained a work injury in April 2011. She underwent right knee arthroscopic surgery with a meniscotomy and chondroplasty in September 2014 and had a unicompartmental replacement of the lateral compartment done in February 2014. She underwent a cervical discectomy and fusion in November 2014. When seen in October 2015 she was having knee pain with radiating symptoms to the thigh with numbness traveling down the leg. Her right knee was giving out. She had gluteal pain traveling to the right leg. She was using a cane and a brace. Imaging results were reviewed. No physical examination was recorded. Authorization was requested for an MRI scan of the lumbar spine. Indications for imaging obtaining an MRI of the lumbar spine would include a history of trauma with neurological deficit and when there are red flags such as suspicion of cancer or infection, when there is radiculopathy with severe or progressive neurologic deficit or after at least one month or conservative therapy, a history of prior lumbar surgery, or the presence of cauda equina syndrome. In this case, there are no identified red flags, no documented neurologic deficit, and no reported prior lumbar spine surgery. The requested MRI of the lumbar spine is not medically necessary.