

Case Number:	CM15-0217329		
Date Assigned:	11/09/2015	Date of Injury:	05/20/1998
Decision Date:	12/28/2015	UR Denial Date:	10/08/2015
Priority:	Standard	Application Received:	11/04/2015

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, North Carolina
 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 a 56 year old, male who sustained a work related injury on 5-20-98. A review of the medical records shows he is being treated for back pain. In the progress notes dated 7-14-15 and 9-8-15, the injured worker reports constant, severe back pain. The pain radiates up to head, neck, buttocks, hip, leg, knee and ankle. He reports symptoms of locking, grinding, stiffness, clicking, giving way, weakness and tenderness. He rates his pain an 8 out of 10. Upon physical exam dated 9-8-15, he has tenderness in lumbar spine. He has a positive straight leg raise with the right leg. Treatments have included medications. Current medications include Nucynta and Amrix. No notation on working status. The treatment plan includes an updated MRI of the lumbar spine and medication refills. The Request for Authorization dated-no date has requests for MRIs of the right hip, right knee and right ankle. In the Utilization Review dated 10-8-15, the requested treatments of MRIs of the right hip, right knee and right ankle are all not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the right hip with contrast: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip & Pelvis (updated 09/24/2015) - Online Version.

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

Decision rationale: The request is for an MRI of the right hip. Guidelines state that MRI may be considered for a patient whose limitation due to consistent symptoms has persisted for 1 month or more and in cases where surgery is considered for a specific anatomical defect. In this case, there is no rationale provided for an MRI of the right hip in this patient with lumbar degenerative disease and chronic low back pain. There are no red flag diagnoses present necessitating an MRI. There is no evidence of failure of conservative care to the right hip. There is also no evidence that plain x-rays have been obtained. Therefore the request is not medically necessary or appropriate.

MRI of the right knee with contrast: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Diagnostic Criteria, Special Studies.

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Special Studies.

Decision rationale: The request is for an MRI of the right knee. Guidelines state that MRI may be considered for a patient whose limitation due to consistent symptoms has persisted for 1 month or more and in cases where surgery is considered for a specific anatomical defect. In this case, there is no rationale provided for an MRI of the right knee in this patient with lumbar degenerative disease and chronic low back pain. There are no red flag diagnoses present necessitating an MRI. There is no evidence of failure of conservative care to the right knee. There is also no evidence that plain x-rays have been obtained. Therefore the request is not medically necessary or appropriate.

MRI of the right ankle with contrast: Upheld

Claims Administrator guideline: Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): Diagnostic Criteria, Special Studies.

MAXIMUS guideline: Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): Special Studies.

Decision rationale: The request is for an MRI of the right ankle. Guidelines state that MRI may be considered for a patient whose limitation due to consistent symptoms has persisted for 1 month or more and in cases where surgery is considered for a specific anatomical defect. In this case, there is no rationale provided for an MRI of the right ankle in this patient with lumbar

degenerative disease and chronic low back pain. There are no red flag diagnoses present necessitating an MRI. There is no evidence of failure of conservative care to the right ankle. There is also no evidence that plain x-rays have been obtained. Therefore the request is not medically necessary or appropriate.