MAXIMUS Federal Services

Case Number:	CM15-0223776		
Date Assigned:	11/19/2015	Date of Injury:	11/15/2013
Decision Date:	12/30/2015	UR Denial Date:	10/15/2015
Priority:	Standard	Application Received:	11/13/2015

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: Montana, Oregon, Idaho
Certification(s)/Specialty: Orthopedic Surgery

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 45 year old male with a date of injury on 11-15-2013. A review of the medical records indicates that the injured worker is undergoing treatment for low back pain, possible lumbar radicular pain and left knee pain. According to the progress report dated 10-7-2015, the injured worker complained of ongoing low back pain radiating to the left thigh and left knee pain. He rated his pain 8 out of 10. His symptoms were exacerbated by weight bearing activity, bending, crouching and lifting. The physical exam (10-7-2015) revealed tenderness to palpation in the lumbar paraspinals. There was mild effusion in the left knee and diffuse tenderness to palpation over the left patella. Treatment has included physical therapy and medication. The original Utilization Review (UR) (10-15-2015) denied a request for magnetic resonance imaging (MRI) of the lumbar spine and left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient MRI without contrast of the lumbar spine and left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Low back.

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

Decision rationale: According to the CA MTUS/ (ACOEM), 2nd edition (2004), page 303, Low Back Complaints, Chapter 12 (which is part of the California Medical Treatment Utilization Schedule), "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 who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computer tomography [CT] for bony structures)." MRI imaging is indicated when cauda equine syndrome, tumor, infection or fracture are strongly suspected and plain film radiographs are negative. In this particular patient, there is no indication of criteria for an MRI based upon physician documentation or physical examination findings from the exam note of 10/7/15. There is no documentation of nerve root dysfunction or failure of a treatment program such as physical therapy. The request does not meet criteria set forth in the guidelines and therefore the request is not medically necessary.