

<b>Case Number:</b>	CM15-0035346		
<b>Date Assigned:</b>	03/03/2015	<b>Date of Injury:</b>	04/01/2012
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	02/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/25/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 52-year-old male who reported injury on 04/01/2012. The mechanism of injury was the injured worker was on his knees fixing a toilet when he felt a sudden sharp pain in the right knee and low back. The prior therapies included physical therapy, acupuncture, medications, chiropractic care, and an MRI of the lumbar spine and cervical spine and an EMG/NCV. The documentation of 12/04/2014 indicated the injured worker had pain in the low back, neck and right knee. The physical examination of the lumbar spine revealed hip flexor, hip extensor, knee flexor, knee extensor, ankle dorsiflexor, plantar flexors and extensor hallucis longus strength of 4/5 bilaterally. The injured worker had normal bilateral lower extremity pinprick sensation. The reflexes were bilaterally symmetrical. The injured worker was noted to have decreased motor strength in the cervical spine and sensation was noted to be normal. The diagnoses included myofascitis, cervicgia, and pain in joint lower leg. The treatment plan included tramadol hydrochloride 50 mg tablets 1 every 6 to 8 hours as needed and Skelaxin 800 mg one 3 times a day with no refills. The documentation of 12/31/2014 revealed tenderness to palpation in the lumbar spine and cervical spine. The injured worker was noted to be status post arthroscopic surgery on the knee. There was a request for authorization submitted for review for an MRI of the cervical spine and lumbar spine as well as physical therapy dated 01/30/2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the Lumbar Spine w/o contrast:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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 that a repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms or findings of a significant pathology. The clinical documentation submitted for review failed to provide documentation that the injured worker's signs or symptoms had changed significantly. There was a lack of documentation indicating the injured worker had findings suggestive of a significant pathology and that the findings had changed significantly. Given the above and the lack of documentation, the request for MRI of the lumbar spine without contrast is not medically necessary.

**MRI of the Cervical Spine w/o Contrast:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The Official Disability Guidelines indicate that a repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms or findings of a significant pathology. The clinical documentation submitted for review failed to provide documentation that the injured worker's signs or symptoms had changed significantly. There was a lack of documentation indicating the injured worker had findings suggestive of a significant pathology and that the findings had changed significantly. Given the above and the lack of documentation, the request for MRI of the cervical spine without contrast is not medically necessary.