

Case Number:	CM15-0039790		
Date Assigned:	03/10/2015	Date of Injury:	10/23/2012
Decision Date:	04/14/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	03/02/2015

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: California

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:

This 52-year-old male sustained a work related injury on 10/23/2012. According to the most recent progress report submitted for review dated 01/07/2015, the injured worker was seen in follow up in regards to a painful condition of the left knee. He was status post partial medial and partial lateral meniscectomy to the left knee. Diagnoses included left knee, medial meniscal tear and lateral meniscal tear, status post arthroscopy. There were no issues addressed regarding the spine. According to a progress report dated 07/07/2014, that did address the spine, the injured worker had a history of pain to the low back, bilateral knees, bilateral shoulder and bilateral hands. Inspection of the lumbar spine revealed no gross deformity. There was spasm about the lower back area. The injured worker complained of pain with motion that radiated down the left lower extremity. There was point tenderness upon palpation about the lower back region. Straight leg raise test was positive on the left. Diagnoses specifically addressing the spine included bulging disc, lumbar spine with left sided radiculopathy. The injured worker was temporary totally disabled.

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: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

Decision rationale: Regarding the request for lumbar MRI, Occupational Medicine Practice Guidelines state that 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 would consider surgery an option. Within the documentation available for review, there is no identification of any red flags or objective findings that identify specific nerve compromise on the neurologic exam, as the patient's knee weakness appears to be attributed to a knee injury and no other specific neurological findings are noted. In the absence of clarity regarding those issues, the currently requested lumbar MRI is not medically necessary.