

Case Number:	CM15-0041442		
Date Assigned:	03/11/2015	Date of Injury:	08/08/2013
Decision Date:	04/15/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	03/04/2015

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
 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 patient, who sustained an industrial injury on 08/08/2013. A primary treating office visit dated 02/13/2015, reported current complaints of persistent pain in right knee. The patient is status post right knee surgery on 04/07//2014 and noted with slow recovery, still with persistent pain and range of motion deficit. In addition, he is with low right sided back pain that radiates to the right lower extremity, but sometimes the left. If he stands or sits too long his legs go numb and he feels as if legs are going to give out. He also complains of difficulty sitting, standing, bending, twisting and sleeping secondary to the pain. He has had headaches since 08/13/2013. He does experience intermittent right ankle pains, frustration and depression. Due to right knee pains and guarding, he feels left knee with compensable pains. There is also right wrist pain related to the use of a cane. The patient also had a recent fall 01/02/2015 with facial injury and some complaint of dizziness. On 08/13/2014, the patient received his fourth and final orthovisc injection; he was unsure of any effect. Physical examination found the lumbar spine with negative findings. Right knee with healed surgical scars. The left knee showed tenderness to the peripatellar region. His gait is moderately antalgic. The following diagnoses are applied; right knee pain with radiographic evidence of tear; right greater than left lumbar radiculopathy with persistent symptomology; status post closed head injury from fall; secondary depression and anxiety; right ankle pain; urinary urgency and incontinence; right wrist strain/sprain and left knee pain rule out internal derangement. The patient is not permanent and stationary. He is to continue temporary total disability from 02/13/2015 to 03/05/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (magnetic resonance imaging) of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Table 12-1; Table 12-2; and Algorithm 12-3.

Decision rationale: The MTUS/ACOEM Guidelines comment on the evaluation and management of patients with low back complaints. As part of these guidelines the ACOEM comments on the utility of imaging studies including MRI. Table 12-1 describes the red flags for potentially serious low back complaints. Presence of these red flags may indicate the need for further studies to include MRI imaging. In this case, there is no documentation to indicate that the patient has any of these red flag indicators for a serious underlying condition. Table 12-2 describes the symptoms of lumbar nerve root dysfunction, which may be used to determine if a patient is developing a clinically significant radiculopathy of the lumbar spine. In this case, there is no documentation to indicate that the patient has evidence of a lumbar radiculopathy. Algorithm 12-3 provides a summary of the evaluation of slow-to-recover patients with occupational low back complaints. This algorithm includes indicators for imaging studies; which include the above-mentioned red flags or signs of neuropathy. In this case, there is no documentation to indicate that the patient needs further imaging. Finally, the medical records, including appointments on 5/22/2014 and 7/4/2014 indicate that the patient had MRI results reviewed and that they did not indicate the need for surgical consultation. There is no documentation in the available records to indicate that the patient's symptoms or physical examination findings have changed significantly from the time of the 2014 MRI. For all of these reasons, an MRI of the lumbar spine is not considered as medically necessary.