

Case Number:	CM15-0047002		
Date Assigned:	03/19/2015	Date of Injury:	11/24/2010
Decision Date:	05/01/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	03/12/2015

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: Arizona, Texas
 Certification(s)/Specialty: Internal Medicine

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 53 year old female, who sustained an industrial injury on November 24, 2010. She has reported lower back pain, bilateral leg pain, and knee pain. Diagnoses have included left knee patellofemoral arthrosis, bilateral knee degenerative joint disease, rule out internal derangement of the right knee, lower back pain secondary to antalgic gait, neuropathic pain, and left ankle pain. Treatment to date has included medications, steroid injections, knee injections, left knee surgery, and imaging studies. A progress note dated January 20, 2015 indicates a chief complaint of lower back pain radiating to the legs with numbness and tingling, and sleep difficulties that are improved with medications. The treating physician documented a plan of care that included medications, magnetic resonance imaging, lumbar spine epidural steroid injection, and follow up in two months.

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: Overturned

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

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

Decision rationale: According to the ACOEM criteria for ordering an MRI for cervical or lumbar pain is emergence of a red flag (suspicion of a tumor, infection, fracture or dislocation), physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, clarification of the anatomy prior to an invasive procedure. When the neurologic exam is not definitive further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Such information can be obtained by an EMG or NCS. In this case, the primary treating physician does document a neurological exam consistent with significant dysfunction that would indicate a red flag. There are sensory and motor deficits on exam, therefore an MRI is medically necessary.