

<b>Case Number:</b>	CM15-0052408		
<b>Date Assigned:</b>	03/25/2015	<b>Date of Injury:</b>	03/07/2014
<b>Decision Date:</b>	05/04/2015	<b>UR Denial Date:</b>	03/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/19/2015

### 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: Texas, 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 41 year old male, who sustained an industrial injury on 3/07/2014. The patient sustained the injury when he was pulling concrete. The injured worker was diagnosed as having lumbar pain and bilateral knee pain. Treatment to date has included diagnostics, physical therapy, chiropractic visits, acupuncture, and medications. On 2/16/2015, the injured worker complains of right knee pain for 11 months, due to cumulative trauma from prolonged kneeling. He reported low back pain, with intermittent numbness radiating to his legs. Current medications included Ibuprofen. Right knee magnetic resonance imaging findings were referenced. Physical exam of the lumbar spine noted decreased range of motion in all directions. Sensation was intact. Bilateral lower extremity motor strength was intact in all major muscle groups, except mild quad hamstring weakness. Intermittent positive straight leg raise test was noted. Magnetic resonance imaging of the lumbar spine was recommended. X-ray of the lumbar spine, dated 2/17/2015, was submitted. A pain consultation note, dated 2/23/2015, was submitted. The treatment plan included a follow-up visit after his magnetic resonance imaging for evaluation and review. On 3/2/2015, a follow-up appointment was requested. The patient has had X-ray of the knee that revealed degenerative changes and MRI of the right knee on 12/19/14. The patient had used a TENS unit for this injury. Per the doctor's note dated 3/9/15 patient had complaints of chronic low back pain at 6/10. His MRI has been denied and therefore he did not have MRI. The patient had received right knee injection for this injury.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Follow-up to review MRI (lumbar spine):** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation (ODG-TWC) 2015.

**MAXIMUS guideline:** Decision based on MTUS ACOEM.

**Decision rationale:** Request: Follow-up to review MRI (lumbar spine). MTUS Guidelines American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, IME and consultations. Per the cited guidelines, "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." His MRI request has been denied and therefore he did not have MRI. This is a request for Follow-up to review MRI (lumbar spine). As there no MRI of the lumbar spine has been done, there is no need for Follow-up to review MRI (lumbar spine). The request is not medically necessary.