

Case Number:	CM15-0055889		
Date Assigned:	04/01/2015	Date of Injury:	12/13/2011
Decision Date:	08/13/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	03/24/2015

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 55-year-old male with an industrial injury dated 12/13/2011. His diagnoses included meniscal tear of right knee, lateral meniscal tear right knee and reflex sympathetic dystrophy of lower extremity. Comorbid diagnoses included diabetes and hypertension. Prior treatment included right knee arthroscopy, diagnostics, cane, brace, medications and physical therapy. He presents on 09/04/2014 with right knee pain rated as 5/10. He ambulates with a cane. He also notes difficulty with activities of daily living and sleeping. He was working modified duties. Physical exam noted the injured worker walked using a cane with antalgic gait. Right knee had minimal swelling with diffuse tenderness over the entire knee and lower extremity. There was tenderness over the lumbosacral junction and paraspinal muscles. The requested treatment is for MRI of the lumbar spine and lumbar sympathetic block. The patient sustained the injury due to slip and fall incident. The patient had received an unspecified number of the PT visits for this injury. The patient had used a cane and brace unit for this injury. The patient underwent selective nerve root block on 2/7/14. Any surgical or procedure note related to this injury was not specified in the records provided. The patient has had MRI of the right knee in 2012 that revealed degenerative changes and meniscus tear. The medication list include Metformin, Lorazepam, Losartan and Ibuprofen. Any diagnostic imaging report was not specified in the records provided.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers' Comp., online Edition Chapter: Low Back (updated 07/17/15) MRI (magnetic resonance imaging).

Decision rationale: Request MRI of the lumbar spine. Per the ACOEM low back guidelines cited below "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 who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computed tomography [CT] for bony structures)." ACOEM/MTUS guideline does not address a repeat MRI. Hence ODG is used. Per ODG low back guidelines cited below, "Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation)." Patient did not have any evidence of severe or progressive neurologic deficits that are specified in the records provided. Findings indicating red flag pathologies were not specified in the records provided. The history or physical exam findings did not indicate pathology including cancer, infection, or other red flags. As per records provided patient has received an unspecified number of PT visits for this injury till date. A detailed response to complete course of conservative therapy including PT visits was not specified in the records provided. Previous PT visit notes were not specified in the records provided. A plan for an invasive procedure of the lumbar spine was not specified in the records provided. A recent lumbar spine X-ray report is not specified in the records provided. The MRI of the lumbar spine is not medically necessary for this patient.

Lumbar Sympathetic Block: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lumbar Sympathetic Blocks Page(s): 57, 104.

Decision rationale: Per the CA MTUS guidelines cited below, regarding lumbar sympathetic block "There is limited evidence to support this procedure, with most studies reported being case studies." Per the cited guidelines lumbar sympathetic block is "Useful for diagnosis and treatment of pain of the pelvis and lower extremity secondary to CRPS-I and II." A detailed physical examination of the low back was not specified in the records provided. The patient had received an unspecified number of the PT visits for this injury. The detailed response to these therapies is not specified in the records provided. Evidence of diminished effectiveness of medications or

intolerance to medications was not specified in the records provided. The request for lumbar sympathetic block is not medically necessary in this patient.