

<b>Case Number:</b>	CM15-0085146		
<b>Date Assigned:</b>	05/07/2015	<b>Date of Injury:</b>	01/26/2009
<b>Decision Date:</b>	06/18/2015	<b>UR Denial Date:</b>	04/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/04/2015

### 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: Pennsylvania, Ohio, California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 42 year old male, who sustained an industrial injury on 01/26/2009. According to a progress report dated 03/12/2015, the injured worker continued to have right knee pain, left knee pain, left shoulder pain and back pain. Physical examination of the lumbar spine demonstrated stiffness and spasm. He continued to have decreased sensation of the right lower extremity. Diagnoses included left shoulder status post arthroscopy with Bankart reconstruction and chondroplasty and subacromial decompression on 11/22/2011, continued symptoms of stiffness, catching in the shoulder and pain, right knee status post arthroscopy, partial medical meniscectomy on 03/22/2011, continued pain, catching and popping of the knee, compensatory left knee pain with medial meniscus tear. The left knee was evaluated by the Agreed Medical Examiner and the injured worker was given the option for arthroscopy. Diagnoses also included lumbar spine disc disease and facet arthropathy at L4-L5 and L5-S1 causing severe pain. The injured worker had been evaluated by another provider who at that time did not feel surgery was indicated. The Agreed Medical Evaluator recommended re-evaluation by spine specialist for possible surgical intervention. The provider noted that the lumbar spine continued to be an issue and recommended an updated MRI and for the injured worker to be seen by another provider for possible discussion of surgery. Currently under review is the request for a lumbar MRI without contrast.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar MRI without contrast:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

**Decision rationale:** MTUS/ACOEM recommends MRI L Spine if there are specific red flag findings on history and musculoskeletal and neurological examination. The records do not document such red flag findings at this time. The rationale/indication for the requested repeat lumbar MRI are not apparent. This request is not medically necessary.