

Case Number:	CM14-0123158		
Date Assigned:	08/08/2014	Date of Injury:	10/28/2012
Decision Date:	10/24/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	08/04/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 50-year-old female with a reported injury on 10/28/2012. The mechanism of injury was not provided. The injured worker's diagnoses included lumbosacral sprain/strain, lumbosacral neuritis, knee and leg sprain/strain, internal derangement of the knee, and abnormality of gait. The injured worker's previous treatments included medications, physical therapy, chiropractic care, use of a cane and left knee steroid injections. The injured worker's diagnostic testing included an MRI confirming medial meniscus tear with medial and lateral compartment arthrosis and patellofemoral chondromalacia; and a postsurgical weight bearing x-ray which showed medial joint space compartment narrowing. The injured worker's surgical history included a diagnostic and operative left knee arthroscopy on 12/20/2013 with a medial and lateral meniscus tear repair. The injured worker was evaluated on 07/01/2014 for her complaints of left knee, and left sided low back pain. The injured worker reported pain in the left sacroiliac joint. She also reported left sided low back pain with numbness, burning ache which extended along the posterolateral left leg to the mid-calf region. The injured worker had an altered gait with the left knee that seemed to be aggravating the low back. The clinician observed and reported a focused lumbosacral spinal exam which revealed decreased range of motion measured at 25 degrees of extension, left lateral flexion was tight and sore and 25% decreased, the Kemp's test was positive bilaterally and greater on the left side. Straight leg raise was limited due to knee pain and some lumbosacral pain. Mild positive bilateral leg raise test. Faber's test: sore and tight on the left side. Positive left sacroiliac compression test. Tender left sacroiliac joint, L4 and L5 tenderness. Tenderness to palpation of the thoracic and lumbar junction, tender bilateral sacroiliac joints, more on the left L3-5 increase in muscle tone of the lumbosacral paraspinals, left side tight hip flexors and tight hamstrings. A lumbosacral x-ray from 06/03/2013 showed a sway back tendency with facet imbrication at L5-S1 and L4-5, and

mild osteoarthritic changes. The clinician's treatment plan was to request additional chiropractic care and an authorization for a trial of 6 acupuncture sessions. This request is for an MRI of the lumbar spine. The rationale for the request was for radicular low back pain. No Request For Authorization form was 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: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG, Low Back, updated 7/3/14, MRI (magnetic resonance imaging)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), MRIs (magnetic resonance imaging) Other Medical Treatment Guideline or Medical Evidence:

Decision rationale: The request for MRI of the lumbar spine is not medically necessary. The injured worker complains of low back pain. The California MTUS/ACOEM Guidelines state that MRI imaging is not recommended before 1 month in absence of red flags. The Official Disability Guidelines go on to state that MRIs are recommended for the lumbar spine for: lumbar spine trauma; uncomplicated low back pain with the suspicion of cancer, infection, or other red flags; uncomplicated low back pain with radiculopathy after at least 1 month of conservative therapy, sooner if severe or progressive neurologic deficit; uncomplicated low back pain prior to a lumbar surgery; or uncomplicated low back pain with cauda equina syndrome. The physical exam dated 07/01/2014 did not indicate lower extremity weakness, or reduction in deep tendon reflexes. The straight leg raise was equivocal. There was no indication of decreased sensation along a dermatomal distribution to indicate radiculopathy. The documentation did not indicate suspicion of cancer, infection, other red flags or cauda equina syndrome. Therefore, the request for MRI of the lumbar spine is not medically necessary.