

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0134060 | | |
| Date Assigned: | 08/25/2014 | Date of Injury: | 10/02/2013 |
| Decision Date: | 09/29/2014 | UR Denial Date: | 08/06/2014 |
| Priority: | Standard | Application Received: | 08/18/2014 |

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 Pain Medicine, 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 40 year old male who reported an injury on 10/02/2013. The mechanism of injury was not clearly provided. Diagnoses included lower back pain, lumbar radiculopathy, and joint pain in the right knee. Past treatment was noted as medications and physical therapy. Diagnostic studies included a MRI of the right knee and lumbar spine, as well as cervical and lumbar x-rays. No pertinent surgical history was noted. On 07/16/2014, the injured worker complained of back pain. He reported that he had morning pain only, and after two to three hours had no pain and less stiffness. Upon physical examination, his lumbar spine was noted to have flexion restricted to 100 degrees and 15 degrees on extension with pain. Left lateral flexion was noted as 15 degrees and the right lateral flexion was 30 degrees. Upon examination, the injured worker was noted to have full range of motion with moderate medial joint line tenderness. Medications were listed as atenolol 50 mg, naproxen 500 mg, and prednisone 10 mg. The treatment plan was a cervical and lumbar x-ray, continue physical therapy and medications. The rationale for the request was not provided. The request for authorization was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-Rays Knee - Right QTY: 1 (one): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 341-343.

Decision rationale: The request for one x-ray of the right knee is not medically necessary. The California MTUS/ACOEM Guidelines state that special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. The clinical parameters for ordering knee radiographs include joint effusion within 24 hours of direct blow or fall, inability to walk four steps or bear weight immediately or within a week of the trauma, or the inability to flex knee to 90 degrees. The injured worker did not report any subjective complaints in regard to his knee, nor were there any objective findings noted upon physical examination. There is not adequate documentation to support this request at this time. Therefore, the request is not medically necessary.

X-Rays Lumbar Spine QTY: 1 (one): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 16 Eye Chapter Page(s): 303-305.

Decision rationale: The request for one x-ray of the lumbar spine is not medically necessary. The California MTUS/ACOEM Guidelines state that lumbar spine x-rays should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least six weeks. The injured worker complained of back pain and was noted to have painful and restricted range of motion, however, there was insufficient documentation to provide functional limitations and effectiveness of the conservative care completed. In addition, the absence of documented "red flags" do not warrant the request at this time. Therefore, the request is not medically necessary.