

Case Number:	CM14-0143008		
Date Assigned:	09/10/2014	Date of Injury:	09/04/2008
Decision Date:	10/24/2014	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	09/03/2014

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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back, knee, and neck pain reportedly associated with an industrial injury of September 4, 2008. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated August 26, 2014, the claims administrator denied a request for a lumbar MRI imaging and knee MRI imaging. The applicant's attorney subsequently appealed. In an August 7, 2014 progress note, the applicant reported persistent complaints of neck, low back, and bilateral knee pain, reportedly severe. The attending provider stated that treatment could not proceed without the requested imaging studies. The attending provider stated that the applicant had a positive straight leg raise maneuver. The attending provider again stated that the applicant had suspected nerve root impingement about the cervical spine and stated that a cervical spine MRI was needed to further evaluate the same. The attending provider stated that the applicant had had equivocal x-ray findings of the bilateral knees and that MRI imaging was needed to clarify. The applicant was described as having severe knee pain and crepitation. The attending provider stated that x-rays of the bilateral knees at an earlier unspecified point in time were reportedly negative. X-rays of the cervical and lumbar spines demonstrated degenerative changes of uncertain significance. The attending provider went on to appeal MRI imaging of the cervical spine, lumbar spine, and bilateral knees. The requesting provider was a pain management physician. It was not clearly stated how the imaging studies in question would influence the treatment plan. In an earlier note dated July 10, 2014, it was acknowledged that the applicant was not working. The applicant presented with neck pain, low back pain, bilateral knee pain, left shoulder pain, and urinary frequency. The applicant's pain complaints were rated at 6-7/10. The applicant was having difficulty playing

golf, playing drums, and/or doing heavy lifting. The applicant had issues with sleep disturbance, it was stated. The applicant was still smoking half a pack a day. Limited lumbar range of motion was noted with 5/5 lower extremity strength noted. 5/5 bilateral upper extremity strength was also appreciated. Tenderness and crepitation were appreciated about the knees. It was again noted that x-ray imaging of the knees was reportedly negative. MRI imaging of the cervical spine, lumbar spine, and bilateral knees were sought. The applicant was asked to continue medical marijuana and, somewhat incongruously, was asked to cease smoking.

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 Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, page 304, imaging studies should be reserved for cases in which surgery is being considered or red flag diagnoses are being evaluated. In this case, there is no evidence that the applicant is actively considering or contemplating lumbar spine surgery. There is no evidence that the applicant carries any red flag diagnoses such as fracture, tumor, cauda equina syndrome, etc., which would compel the lumbar MRI imaging in question. The applicant's well-preserved lower extremity motor function argues against any focal neurologic compromise here. The attending provider made no mention of the applicant's considering or contemplating any kind of surgical intervention involving the lumbar spine. Therefore, the request is not medically necessary.

MRI of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 182 does recommend MRI or CT imaging to validate diagnosis of suspected nerve root compromise, based on clear history and physical exam findings, in preparation for an invasive procedure, in this case, however, there is no evidence that the applicant is actively considering or contemplating any kind of invasive procedures involving the cervical spine. Rather, the fact that MRI imaging studies of several body parts were concurrently sought implies that the attending provider had no intention of acting on the results of the imaging study in question. There was no evidence that the applicant was actively considering or contemplating any kind of invasive

procedure or surgical intervention involving the cervical spine. Therefore, the request is not medically necessary.