

<b>Case Number:</b>	CM14-0148436		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	07/22/2005
<b>Decision Date:</b>	10/17/2014	<b>UR Denial Date:</b>	09/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/12/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 patient is a 33-year-old female who has submitted a claim for lumbar spine sprain/strain, left lower extremity radiculitis, intervertebral foramen stenosis at L4-S1, and residuals to right arthroscopic surgery (06/07/2010) associated with an industrial injury date of 07/22/2005. Medical records from 02/18/2014 to 09/08/2014 were reviewed and showed that patient complained of right knee pain graded 7/10 and low back pain graded 7/10 radiating down bilateral lower extremities. Physical examination of the lumbar spine revealed tenderness over lumbar paravertebral muscles, hypesthesia along L5-S1 dermatomal distribution, and undocumented deep tendon reflexes (DTRs) and manual muscle testing (MMT) of lower extremities. Physical examination of the right knee revealed positive crepitus and grinding and full knee range of motion (ROM). MRI of the lumbar spine dated 02/24/2011 revealed L4-5 disc bulge with no evidence of neural compromise. Treatment to date has included right knee arthroscopic surgery (unspecified; 06/07/2010), and pain medications. Of note, there was no documentation of functional outcome from pain medications. Utilization review dated 09/08/2014 denied the request for MRI of the lumbar spine because there was absence of significant red flag symptoms. Utilization review dated 09/08/2014 denied the request for MR arthrogram of the right knee because there was lack of guideline support for arthrography.

### 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. 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): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter MRI

**Decision rationale:** As stated on pages 303-304 of the ACOEM Practice Guidelines referenced by CA MTUS, imaging of the lumbar spine is recommended in patients with red flag diagnoses where plain film radiographs are negative; unequivocal objective findings that identify specific nerve compromise, failure to respond to treatment, and consideration for surgery. In addition, Official Disability Guidelines recommends MRI for the lumbar spine for uncomplicated low back pain, with radiculopathy, after at least 1 month of conservative therapy, sooner if severe, or progressive neurologic deficit. In this case, the patient complained of low back pain radiating down bilateral legs. Physical findings include hypesthesia along L5-S1 dermatomal distribution and undocumented DTRs and MMT of lower extremities. The patient's clinical manifestations were inconsistent with focal neurologic deficit to suggest radiculopathy. Furthermore, there was no documentation of functional outcome from pain medications. There is no clear indication for MRI at this time. Of note, MRI was already done on 02/24/2011, which revealed L4-5 with no neural compromise. It is unclear as to why a repeat MRI is needed. Therefore, the request for MRI of the lumbar spine is not medically necessary.

**MR arthrogram of the right knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg (Acute & Chronic)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, MR Arthrography

**Decision rationale:** CA MTUS does not specifically address MR arthrography of the knee. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, Official Disability Guidelines (ODG) was used instead. ODG states that MR arthrography is recommended as a postoperative option to help diagnose a suspected residual or recurrent tear, for meniscal repair or for meniscal resection of more than 25%. Also, in the evaluation of osteochondritis dissecans, the addition of intra-articular contrast has proved beneficial. In this case, the patient complained of right knee pain and had history of unspecified arthroscopic surgery. MR arthrography is only indicated for suspected residual or recurrent tear following meniscal repair or resection. The medical necessity cannot be established due to insufficient information. Therefore, the request for MR arthrogram of the right knee is not medically necessary.

