

<b>Case Number:</b>	CM14-0162363		
<b>Date Assigned:</b>	10/07/2014	<b>Date of Injury:</b>	02/25/2009
<b>Decision Date:</b>	11/04/2014	<b>UR Denial Date:</b>	09/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2014

### 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 Orthopaedic Surgery, 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:

This 60-year-old male laborer sustained an industrial injury on 2/25/09. Injury occurred when he was descending a step ladder inside of a trailer, and tripped and fell. He underwent right knee arthroscopy in 2009, unicompartmental knee replacement on 7/16/10, and revision total knee replacement on 5/13/11. He underwent left knee arthroscopy in 2011 and left total knee replacement on 9/11/12. The 3/26/14 AME report cited subjective complaints of bilateral knee pain. Lumbar spine exam documented slight bilateral paraspinal tenderness, mild loss of lumbar range of motion. There was hypesthesias of all toes, absent Achilles reflexes, and normal lower extremity muscle strength. Lumbar mechanical and nerve tension signs were negative. The relevant diagnosis was lumbar myofascial sprain/strain. The 8/26/14 initial orthopedic report cited grade 7/10 right knee aching pain that varied in intensity depending on activities. Physical exam documented ambulation with a cane, bilateral lower extremity 4/5 strength, and tenderness over the left lateral knee, right patella, and right medial knee. Knee range of motion was 0-120 degrees bilaterally. The diagnosis was bilateral knee pain status post total knee replacements, insomnia and diabetes. The treatment plan requested authorization for urine toxicology, functional capacity evaluation, interferential unit, motorized cold therapy unit, topical creams, Tramadol, Elavil, lumbar x-rays, lumbar MRI, bilateral knee CT scans, and chiropractic/physiotherapy 3x4. The 9/5/14 utilization review denied the request for lumbar spine MRI as there was no indication of prior x-rays, clinical findings suggestive of red flags, or prior treatment to the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 52-59.

**Decision rationale:** The California MTUS guidelines state that unequivocal objective findings of specific nerve compromise on the neurologic exam are sufficient to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. Guideline criteria have not been met. There is no subjective evidence of radicular pain or clinical exam evidence of specific nerve compromise to support the medical necessity of imaging at this time. Evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. Therefore, this request is not medically necessary.