

Case Number:	CM14-0172570		
Date Assigned:	10/23/2014	Date of Injury:	11/06/2009
Decision Date:	12/03/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/20/2014

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 Emergency 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:

Patient with reported date of injury on 11/6/2009. No mechanism of injury was provided for review. Patient has a diagnosis of lumbar spine disc herniation and L knee internal derangement with torn meniscus. Medical reports reviewed. Last report available until 8/23/14. Patient complains of L knee, low and upper back and chest pains. pain is 7-8/10. Objective exam reveals knee exam had medial and lateral "instability", positive patellar grind, positive patellar apprehension, swelling and mildly decreased range of motion. R knee exam was benign. Unable to heel toe walk. Back exam reveals limited range of motion due to pain. "Weakness" on neurological exam. There is no details on this "weakness" on record, no level of weakness of any location documented. Rationale for MRI of lumbar spine is "patient is becoming more dysfunctional in her ADL's". All progress notes going back 6 months report of pain and "weakness" are identical. Same documentation of pain and exam. Patient has reportedly undergone aquatic therapy/physical therapy. Current medications include amitriptyline, Napro cream, Naproxen, Omeprazole and Tramadol. Independent Medical Review is for MRI of Lumbar Spine. Prior UR on 9/30/14 recommended non-certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Lumbar Spine: 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
Page(s): 304-309.

Decision rationale: As per ACOEM Guidelines, imaging studies should be ordered in event of "red flag" signs of symptoms, signs of new neurologic dysfunction, clarification of anatomy prior to invasive procedure or failure to progress in therapy program. Patient does not meet any of these criteria. There is no documented red flag findings in complaints or exam. There is noted new neurologic dysfunction. Documentation for over 6months are identical and unchanged. There is no noted "worsening" of function or symptoms. MRI of lumbar spine is not medically necessary.