

Case Number:	CM14-0082977		
Date Assigned:	07/21/2014	Date of Injury:	01/23/2014
Decision Date:	09/19/2014	UR Denial Date:	05/05/2014
Priority:	Standard	Application Received:	06/04/2014

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 & Rehabilitation, has a subspecialty in 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 33-year-old male who reported an injury on 01/23/2014. The mechanism of injury was not provided for clinical review. The diagnoses included lumbar disc displacement without myelopathy and lower leg pain in the joint. The previous treatments include medication. Within the clinical note dated 04/25/2014, it was reported the injured worker complained of pain in his low back. He reported the pain radiated into his neck. The injured worker complained of knee pain and right ankle pain. He reported occasionally having numbness and tingling in the right leg in the lateral part of the leg below the knee to the lateral right foot. Upon the physical examination the provider noted the injured worker had pain with palpation of the lower lumbar spine. Flexion was limited to 30 degrees, extension was 10 degrees and painful. The provider noted the injured worker had pain with palpation of the ankle joint in the anterolateral aspect of the ankle joint on the right. The request submitted is for an MRI right knee, MRI lumbosacral. However, the rationale was not provided for clinical review. The Request for Authorization was provided and submitted on 04/29/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI right knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; Work Loss Data

Institute, LLC, Corpus Christi, TX ; www.odg.twc.com; section; Knee & Leg (Updated 3/31/2014).

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

Decision rationale: The California MTUS/ACOEM Guidelines note studies are not needed to evaluate for most knee complaints until after a period of conservative care and observation. The guidelines note MRIs are recommended to rule out meniscal tear, ligament strain, ligament tear, patellofemoral syndrome. There is lack of documentation indicating the injured worker was tried and failed on conservative therapy. There is lack of significant neurological deficits such as decreased sensation or motor strength to warrant imaging study. Therefore, the request is not medically necessary.

MRI, lumbosacral: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; Work Loss Data Institute, LLC; Corpus Christi, TX; www.odg.twc.com; Section; Low Back Lumbar & Thoracic (Acute & Chronic) (Updated 3/31/2014).

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

Decision rationale: The California MTUS Guidelines state clinical objective findings that are identify specific nerve compromise on the neurological exam are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery as an option. When the neurological examination is less, however, further physiological evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminate imaging will result in a false positive finding, such as disc bulges that are not the source of painful symptoms and do not warrant surgery. Imaging studies should be reserved for cases in which surgery is considered or red flag diagnoses are being evaluated. There is lack of significant neurological deficits, such as decreased sensation or motor strength in a specific dermatomal or myotomal distribution. There is lack of documentation indicating the failure of conservative treatment. In addition, there is no indication of red flag diagnoses or the intent to undergo surgery requiring MRI. Therefore, the request is not medically necessary.