

Case Number:	CM14-0140632		
Date Assigned:	09/10/2014	Date of Injury:	02/22/2014
Decision Date:	01/02/2015	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	08/29/2014

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 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 patient is a 58 year old female with a date of injury 02/22/14. The treating physician report dated 02/26/14 indicates that the patient presents with pain affecting the joint involving the foot and ankle. MRI findings reveal that the marrow signal reveals no evidence of fracture, contusion, osteonecrosis or infiltrative process. There is mild degenerative spurring at the dorsal aspect of the talonavicular joint. The current diagnoses are ankle pain, bilateral knee pain and cervical/Lumbar spine pain. The utilization review report dated 08/19/14 denied the request for MRI of the Lumbar Spine, Cervical Spine, and bilateral knees based on lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter

Decision rationale: The patient presents with back, knee and ankle pain. The current request is for MRI of cervical spine. Regarding MRI of C-spine ACOEM Guidelines state, "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option." ODG guidelines do not recommend unless chronic neck pain after 3 months of conservative treatment, radiographs normal, neurologic signs or symptoms present. In reviewing the treating physician's report dated 05/07/14, there is no indication of at least three month of conservative therapy, any specific nerve compromise, or status of radiographs. The original UR denial dated 08/19/14 indicates a physician's report dated 08/05/14 which was used in their determination. However the latest report provided is from 05/07/14. Recommendation is for denial.

MRI of lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Online Lower Back Chapter

Decision rationale: The patient presents with back, knee and ankle pain. The current request is for MRI of lumbar spine. Regarding MRI of L-spine ACOEM guidelines, Chapter 12, page 303 states: "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option." For uncomplicated low back pain, ODG guidelines require at least one month of conservative therapy and sooner if severe or progressive neurologic deficit is present for an MRI. ODG supports an MRI for prior lumbar surgery as well. In reviewing the treating physician's report dated 05/07/14, there is no indication of at least one month of conservative therapy, any specific nerve compromise, or patient is considering surgery as an option. The original UR denial dated 08/19/14 indicates a physician's report dated 08/05/14 which was used in their determination. However the latest report provided is from 05/07/14. Recommendation is for denial.

MRI of right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knees & Legs

Decision rationale: The patient presents with back, knee and ankle pain. The current request is for MRI of right knee. There are no prior records indicating that the patient has previously had an MRI scan of the right knee. The ODG guidelines support MRI of the knee following acute trauma to the knee, including significant trauma (e.g, motor vehicle accident), or if suspect

posterior knee dislocation or ligament or cartilage disruption. In this case the treating physician has not documented that there was a significant trauma to the right lower leg and knee that required immediate surgical intervention. The original UR denial dated 08/19/14 indicates a physician's report dated 08/05/14 which was used in their determination. However the latest report provided is from 05/07/14. Recommendation is for denial.

MRI left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: The patient presents with back, knee and ankle pain. The current request is for MRI of left knee. There are no prior records indicating that the patient has previously had an MRI scan of the right knee. The ODG guidelines support MRI of the knee following acute trauma to the knee, including significant trauma (e.g, motor vehicle accident), or if suspect posterior knee dislocation or ligament or cartilage disruption. In this case the treating physician has not documented that there was a significant trauma to the right lower leg and knee that required immediate surgical intervention. The original UR denial dated 08/19/14 indicates a physician's report dated 08/05/14 which was used in their determination. However the latest report provided is from 05/07/14. Recommendation is for denial.

Physical therapy for cervical, lumbar spine and knees: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knees & Legs, Low Back, Neck & Upper Back

Decision rationale: The patient presents with back, knee and ankle pain. The current request is for physical therapy for cervical, lumbar spine, and knees. There are no prior records indicating that the patient has previously had physical therapy. The ODG guidelines support physical therapy allowing for fading of treatment frequency. The MTUS guidelines allow for 8-10 sessions of physical therapy for myalgia and neuritis type conditions. In this case the treating physician has requested an unknown number of visits to treat the cervical spine, lumbar spine and knees. Without a specific prescription for an exact number of visits there is no way to compare the current request to the MTUS guidelines. However the latest report provided is from 05/07/14. Recommendation is for denial.