

<b>Case Number:</b>	CM14-0215615		
<b>Date Assigned:</b>	01/05/2015	<b>Date of Injury:</b>	06/14/2007
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	12/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/23/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 48-year-old female with a date of injury of 06/14/2007. According to progress report dated 10/30/2014, the patient presents with left knee, left shoulder, and low back pain. In regards to her lower back, the patient complains of constant dull to aching pain that radiates into her buttock and down her legs mostly on the left side. She denies any numbness or tingling. The patient describes a “poking sensation in her low back pain.” The low back pain is alleviated with heat and pain patches. MRI of the lumbar spine from 03/25/2009 revealed 3-mm posterior disk protrusion at L4-L5 and mild lateral recess stenosis, mild facet joint arthropathy at L5-S1, and mild degenerative disk disease at L3-L4. Examination of the lumbar spine revealed mild tenderness to palpation and percussion. No SI joint tenderness noted. Flexion is 90 degrees, extension is 20 degrees, lateral bend is 30 degrees to the right and left, and rotation is 45 degrees. The listed diagnoses are: 1. Left knee medial unicompartmental arthroplasty. 2. Lateral tilting patella with pain. 3. Bilateral shoulder pain. 4. Lumbar spine pain. 5. Lumbar radiculopathy. 6. Left knee pain. Treatment plan is for authorization for “bilateral shoulder MRIs, lumbar spine MRI, referral to spine specialist, referral to shoulder specialist, and physical therapy for the lumbar spine for pain/radiculopathy.” The utilization review denied the request on 12/13/2014. Treatment reports from 06/17/2014 through 10/30/2014 were provided for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left Knee MRI:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**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) Low back chapter, MRI

**Decision rationale:** This patient presents with left knee, left shoulder, and low back pain. The current request is for MRI joint of the lower extremities without dye. For special diagnostics, ACOEM Guidelines page 303 states unequivocal objective findings that identify specific nerve compromise on the neurological examination is sufficient evidence to warrant imaging in patients who do not respond well to treatment and who would consider surgery as an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. For this patient's now chronic condition, ODG guidelines provides a thorough discussion. ODG under its low back chapter recommends obtaining an MRI for uncomplicated low back pain with radiculopathy after 1 month of conservative therapy, sooner if severe or progressive neurologic deficit. Progress reports do not indicate any complaints of the lower joint nor is there any physical examination. This appears to be a request for an MRI of the lumbar spine as indicated on progress report dated 10/30/2014. The medical file indicates the patient underwent an MRI of the lumbar spine in 2009 which revealed 3-mm posterior disk protrusion at L4 to L5 with mild lateral recess stenosis and mild degenerative disk disease and facet joint arthropathy at L5-S1 and L3-L4. ODG further states, "Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation)." There is no new injury, no significant change in examination finding, no bowel/bladder symptoms, and no new location of symptoms that would require additional investigation. The requested repeat MRI of the lumbar spine is not medically necessary and the specific request for MRI joint of the lower extremities without dye is not medically necessary.