

Case Number:	CM15-0003258		
Date Assigned:	01/14/2015	Date of Injury:	02/06/2012
Decision Date:	07/27/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	01/07/2015

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: Emergency Medicine

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 54 year old female who sustained an industrial injury on 02/06/2012. Mechanism of injury was continuous trauma. Diagnoses include cumulative trauma disorder of the cervical spine, contusion sprain of the left knee, anxiety and depression, cumulative trauma disorder lumbar spine, pain in the right knee compensable consequence, and medial meniscal tear of the left knee. Additional industrial injuries occurred on 03/01/2010, 04/01/2010, and 10/01/2011. Treatment to date has included diagnostic studies, medications, status post left knee medial meniscus repair on 01/11/2014, physical therapy, chiropractic sessions, acupuncture, injections, and use of an IF unit. Her medications include Cymbalta, Xanax, Neurontin, and Capsaicin cream. On 06/29/2012 an unofficial report of a Magnetic Resonance Imaging of the lumbar spine showed L4-5 disc bulge with bilateral neural foraminal narrowing, and at L5-S1, a disc bulge with associated bilateral neural foraminal narrowing. A physician progress note dated 12/08/2014 documents the injured worker complains of bilateral knee pain, especially with walking. She ambulates with a slight limp, left worse than right. She uses a cane for ambulation. She has pain and spasm in the mid and lower back described as tingling in character which radiates to her lower extremities. On examination there is tenderness and spasm over the mid thoracic region. There is tenderness on palpation of the paralumbar and gluteal muscles, with spasm. She was unable to perform range of motion. Straight leg raising is accomplished at 50 degrees bilaterally with pain. Palpation of both knees reveals tenderness, patellar tracking and retro patellar crepitus. Range of motion reveals flexion of 60 degrees on the right and 70- degrees on the left, and extension of 0 degrees bilaterally, with pain. McMurray's, Apley's and

anterior/posterior drawer tests are positive on the left. The injured worker received intramuscular injections of Toradol for pain and Vitamin B complex. Her treatment plan includes chiropractic treatment an Electromyography and Nerve Conduction Velocity studies of the bilateral lower extremities. Treatment requested is for Magnetic Resonance Imaging of the lumbar spine.

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 Chronic Pain Treatment Guidelines Low Back.

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 no noted new neurologic dysfunction. The rationale provided for MRI request is not a recommended criteria for MRI. MRI of lumbar spine is not medically necessary.