

Case Number:	CM15-0100910		
Date Assigned:	06/03/2015	Date of Injury:	01/06/2014
Decision Date:	07/01/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	05/26/2015

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 39 year old male, who sustained an industrial injury on 01/06/2014. He reported injuring his back and right knee. The injured worker is currently working regular work duties with modifications as necessary. The injured worker is currently diagnosed as having chronic musculoligamentous thoracic spine sprain/strain associated with a hemangioma, chronic musculoligamentous lumbar spine sprain/strain associated with degenerative disc disease and possible facet disease at L4-5, right knee traumatic chondromalacia of the patella, lumbar spondylosis, and internal derangement of right knee. Treatment and diagnostics to date has included lumbar spine MRI that was done one week after the injured worker's injury which showed at L4-5, 14 sessions of physical therapy for this lower back and right knee which provided temporary relief, and medications. In a progress note dated 01/23/2015, the injured worker presented with complaints of lower back and right knee pain. Objective findings include minimally right antalgic gait with thoracic and lumbar spine tenderness and mild effusion and tenderness to the right knee. The treating physician reported requesting authorization for lumbar spine MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (magnetic resonance imaging) Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Introduction, History & Physical examination.

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

Decision rationale: The requested MRI (magnetic resonance imaging) Lumbar Spine, is not medically necessary. CA MTUS, ACOEM 2nd Edition, 2004, Chapter 12, Lower Back Complaints, Special Studies and Diagnostic and Therapeutic Considerations, Pages 303-305, recommend imaging studies of the lumbar spine with "Unequivocal objective findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option". The injured worker has lower back and right knee pain. Objective findings include minimally right antalgic gait with thoracic and lumbar spine tenderness and mild effusion and tenderness to the right knee. The treating physician has not documented a positive straight leg raising test, nor deficits in dermatomal sensation, reflexes or muscle strength nor an acute clinical change since the previous imaging study. The criteria noted above not having been met, MRI (magnetic resonance imaging) Lumbar Spine is not medically necessary.