

<b>Case Number:</b>	CM15-0110068		
<b>Date Assigned:</b>	06/16/2015	<b>Date of Injury:</b>	11/06/2012
<b>Decision Date:</b>	07/16/2015	<b>UR Denial Date:</b>	05/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/08/2015

### 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: Physical Medicine & Rehabilitation, Pain Management

### 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 11/06/2012. She reported feeling the right knee "pop" and acute right knee pain during regular work activities. Diagnoses include joint pain, knee, acute medial meniscus tear, osteoarthritis, patellofemoral syndrome and status post right knee arthroscopy x 2 and gastric bypass Roux-en-Y. Treatments to date include medication management, physical therapy, and therapeutic injections. Currently, she complained of right knee pain. On 5/6/15, the physical examination documented tenderness to the femoral condyle and medial joint line of the right knee. The medical records indicated there was recommendation for total knee replacement. The appeal request was to authorize a lumbar spine MRI.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar MRI:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-4.

**Decision rationale:** Regarding the request for lumbar MRI, Occupational Medicine Practice Guidelines state that 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 would consider surgery an option. Within the documentation available for review, there is no identification of any current clinical findings that identify specific nerve compromise on the neurologic exam despite failure of conservative treatment. In the absence of clarity regarding those issues, the currently requested lumbar MRI is not medically necessary.