

Case Number:	CM15-0114147		
Date Assigned:	06/22/2015	Date of Injury:	10/05/2014
Decision Date:	07/27/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	06/12/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 62-year-old male (per Utilization Review) who sustained an industrial injury on 10/5/14 when he had loss of consciousness while driving a golf cart causing it to rollover. He was medically evaluated with x-rays and placed on modified work. On 2/17/15, he lost consciousness after a seven-pound metal object fell over striking him on top of the head causing loss of consciousness. He had a computed tomography of his head. He currently complains of dizziness and severe pain over his head, neck, back, knees and wrists. The pain is burning with radiation to the left upper extremity and right lower extremity. He has stiffness, weakness, swelling and locking of the knee and it gives way. His pain level is 8/10. On physical exam he has sinus issues and headaches, depression, anxiety, dizziness, spontaneous epistaxis. Examination of the cervical spine shows decreased range of motion, tenderness over the cervical paraspinal process; tenderness over the thoracic and lumbar paravertebral musculature, straight leg raise in sitting position on the right side is positive; decrease sensation over the right forearm compared to the left; there was tenderness over the anterior joint line medial and lateral and also suprapatellar tenderness with decreased range of motion. He has sleep difficulties. Medications are Cyclobenzaprine and Norco. Diagnoses include bilateral knee arthropathy; syncope; cervical radiculopathy; lumbar radiculitis. Diagnostics include x-rays of the thoracic spine (10/6/14) showing degenerative discopathy with arthritic factors. There was degenerative arthritis involving the medial and patellofemoral compartment of the left knee. In the progress note dated 5/5/15 the treating provider's plan of care includes requests for MRI of the cervical and lumbar spine and left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the cervical spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165-188.

Decision rationale: The ACOEM Guidelines support the use of cervical MRI imaging if a "red flag" is found, such as findings suggesting a fracture, symptoms of upper back complaints after a recent trauma, or symptoms suggesting an infection or tumor. MRI imaging is also supported when symptoms do not improve despite three to four weeks of conservative care with observation and there is evidence of an injury or nerve problem or when an invasive procedure is planned and clarification of the worker's upper back structure is required. The submitted record indicated the worker was experiencing dizziness, head pains, pain in the neck and lower back that went into the left arm and left leg, pain in the wrists, and knee pain with stiffness and weakness. The documented examination described findings of possible nerve issues, but there was no discussion detailing failed significant conservative management or describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for a MRI of the cervical spine region is not medically necessary.

MRI of the lumbar spine: 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): 287-326.

Decision rationale: The ACOEM Guidelines recommend reserving advanced imaging of the lumbar spine with MRI for those with clear objective examination findings identifying specific nerve compromise when the symptoms and findings do not respond to treatment with conservative management for at least a month and when surgery remains a treatment option. These Guidelines also encourage that repeat advanced imaging should be limited to those with newly worsened or changed signs and symptoms. The submitted and reviewed documentation indicated the worker was experiencing dizziness, head pains, pain in the neck and lower back that went into the left arm and left leg, pain in the wrists, and knee pain with stiffness and weakness. The documented examination did not detail findings consistent with an issue involving a specific spinal nerve involving this area of the back. There was no discussion describing the worker as a candidate for surgery or special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for a MRI of the lumbar spine region is not medically necessary.

MRI of the knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339-352.

Decision rationale: The MTUS Guidelines recommend the use of MRI imaging of the knee to confirm a meniscal tear if surgery is being considered; to determine the extent of an anterior or posterior cruciate ligament tear; to confirm patellar tendinitis only if surgery is being considered; and to confirm prepatellar bursitis, ligament strain and patellofemoral syndrome when needed. The submitted and reviewed documentation indicated the worker was experiencing dizziness, head pains, pain in the neck and lower back that went into the left arm and left leg, pain in the wrists, and knee pain with stiffness and weakness. There was no discussion suggesting a concern for any of the above issues, reporting that surgery was being considered, or detailing special circumstances that supported this imaging study in this setting. Further, the request did not indicate which knee required imaging, which does not allow for the determination of medical need. For these reasons, the current request for a MRI of the unspecified knee is not medically necessary.