

Case Number:	CM15-0115875		
Date Assigned:	06/24/2015	Date of Injury:	05/21/2011
Decision Date:	07/23/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/16/2015

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: Orthopedic Surgery

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 59 year old female who sustained an industrial injury on 5/21/11 when she fell out of the same chair three times injuring her left knee. She was initially diagnosed with internal derangement of the left knee and lumbosacral strain with possible radiculopathy. She also developed a cardiac arrhythmia due to a stressful interaction at work and had a cardiac ablation in 2012 which decreased her palpitations and anxiety occurred less often. She currently complains of increasing stiffness and pain in the left knee and back pain. On physical examination there was diffuse tenderness on palpation in the lumbar area with limited range of motion; diffuse tenderness about the left knee and has a keloided incision. Medications are Norco, OxyContin, Lyrica, Protonix, Voltaren. Diagnoses include status post left total knee replacement (9/19/14); keloided incision of total knee replacement; post-operative fibrosis, left total knee replacement; low back pain. Treatments to date include aqua therapy; physical therapy. Diagnostics include x-ray of the left knee (1/8/15) show satisfactory appearance of total knee arthroplasty, no infection, also left knee x-rays from 9/3/14; MRI of the lumbar spine (2012) showing diffuse degenerative disc disease with foraminal stenosis. In the progress note dated 5/7/15 the treating provider's plan of care includes a request for MRI of the lumbar spine because of progressive worsening of the back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to CA MTUS/(ACOEM), 2nd edition (2004), page 303, Low Back Complaints, Chapter 12, which is part of the California Medical Treatment Utilization Schedule. It states, "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 who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computer tomography [CT] for bony structures)." In this particular patient there is no indication of criteria for an MRI based upon physician documentation or physical examination findings from the exam note of 5/7/15. There is no documentation nerve root dysfunction or failure of a treatment program such as physical therapy. Therefore, the request of the MRI of the lumbar spine is not medically necessary and appropriate and is non-certified.