

Case Number:	CM15-0124526		
Date Assigned:	07/09/2015	Date of Injury:	01/07/2015
Decision Date:	08/05/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/29/2015

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, Indiana, Oregon
 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 46-year-old female, who sustained an industrial injury on 1/7/15. The injured worker has complaints of pain in the right side of the low back that radiates posteriorly down the right lower extremity to the plantar aspect of the right foot with tingling in the right lower extremity to the foot. The documentation noted that the injured worker reports limited motion with stiffness and tightness across the low back. The documentation noted that the injured worker experiences constant slight to intermittent moderate and occasionally severe right knee pain with episodes of swelling and with sitting has swelling down the calf to the ankle. The documentation noted examination decreased lumbar spine range of motion. There is guarding with heel walk and toe walk and right and left leg is positive for active straight leg raise. Palpatory examination reveals tenderness and spasm in the lumbar paraspinal musculature bilaterally and tenderness with compression of the L3-L5 facet joints. The diagnoses have included lumbar spine sprain/strain and post traumatic chondromalacia right knee. Treatment to date has included physical therapy; magnetic resonance imaging (MRI) of the right knee; flexeril and anti-inflammatory; right knee X-ray revealed a lateral tilt of the patella, thickening of the subchondral bone of the medial and lateral facets, external rotation of the trochlea, varus alignment with significant narrowing of the medial compartment; lumbar spine X-rays revealed narrowing at L5-S1 (sacroiliac) on the lateral view with blunting of the vertebral bodies of L2, L3 and L4 posterior sagittal vertical axis, facet hypertrophy at L3-4 and L4-5; tylenol #3; mobic; flexeril; protonix and terocin cream. The request was for magnetic resonance imaging (MRI) of the lumbar spine and cold therapy unit for 2 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

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): 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 objective information supporting a radiculopathy. Based on this the request is not medically necessary.

Cold therapy unit for 2 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee.

Decision rationale: CA MTUS/ACOEM is silent on the issue of knee cryotherapy. According to ODG Knee Chapter, Continuous flow cryotherapy, it is recommended immediately postoperatively for up to 7 days. In this case, the requested length exceeds the guideline recommendations and is therefore not medically necessary.