MAXIMUS Federal Services

Case Number:	CM15-0129979		
Date Assigned:	07/16/2015	Date of Injury:	01/30/2003
Decision Date:	08/25/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/06/2015

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: Preventive Medicine, Occupational 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:

This injured worker is a 70 year old male who reported an industrial injury on 1/30/2003. His diagnoses, and or impression, were noted to include: internal derangement of the left knee; and lumbar Radiculopathy. No current imaging studies were noted. His treatments were noted to include diagnostic studies; and modified work duties. The progress notes of 6/11/2015 noted severe lower back pain that radiated to the left lower extremity, with numbness/tingling/popping/locking and giving-way of the left knee. Objective findings were noted to include tenderness of the lumbosacral junction and bilateral flank regions; para-vertebral muscle spasms; decreased lumbar range-of-motion with paresthesia in the bilateral lumbosacral regions, left > right; tenderness in the left sciatica nerve down the calf; decreased motor power in the left lower extremity; and swelling, crepitus with range-of-motion, tenderness in the medial and lateral joint lines, and positive McMurray's test in the left knee. The physician's requests for treatments were noted to include magnetic resonance imaging studies of the 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 Lumbar Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; Work Loss Data Institute. LLC: Low Back Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 297, 303, 304, 309, Chronic Pain Treatment Guidelines.

Decision rationale: The MTUS Guidelines do not recommend the routine use of MRI with low back complaints. MRI should be reserved for cases where there is physiologic evidence that tissue insult or nerve impairment exists, and the MRI is used to determine the specific cause. MRI is recommended if there is concern for spinal stenosis, cauda equine, tumor, infection or fracture is strongly suspected, and x-rays are negative. There are no indications of the presence of any of the red flag conditions listed above and there are no plain films available for review. The request for MRI Lumbar Spine is determined to not be medically necessary.

MRI Left Knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; Work Loss Data Institute. LLC: Knee & Leg (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 335, 343-345.

Decision rationale: The MTUS Guidelines recommend MRI of the knee to confirm a meniscus tear, only if surgery is contemplated. These guidelines also note that patients suspected of having meniscal tears, but without progressive or severe activity limitations, can be encouraged to live with symptoms to retain the protective effect of the meniscus. The diagnosis in this case is derangement of the knee. There are no plain film x-rays available for review and there is no current evidence of an attempt to manage the condition with conservative treatments, therefore, the request for MRI left knee is determined to not be medically necessary.