

Case Number:	CM15-0173270		
Date Assigned:	09/15/2015	Date of Injury:	11/10/2006
Decision Date:	10/20/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	09/02/2015

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: Massachusetts

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 was a 63 year old female, who sustained an industrial injury, November 10, 2006. According to progress note of July 29, 2015, the injured worker's chief complaint was right knee pain all the time, without radiation. The pain was rated at 3 out of 10. There was popping sounds. The injured worker had full range of motion to the knee. The injured worker was not awakened from sleep from the pain. The injure worker did not use a cane for ambulation. The pain was aggravated by walking, sitting and standing. The injured worker did not have impairment to getting dressed, putting on socks and shoes, using the toilet, doing housework, driving and sleeping through the night. The physical exam noted was negative. The injure worker walked with a normal gait. The injured worker was undergoing treatment for chronic cervical, lumbar strain and degenerative disc disease with possible radiculopathy. The injured worker previously received the following treatments physical therapy, Norco, Baclofen, Prilosec and Elavil. The RFA (request for authorization) dated July 29, 2015; the following treatments were requested lumbar spine MRI. The UR (utilization review board) denied certification on August 7, 2015: for lack of justification for the lumbar spine MRI.

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: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (Acute & Chronic), MRIs (magnetic resonance imaging): Indications for imaging.

Decision rationale: The claimant has a remote history of a work injury occurring in November 2006 and was seen by the requesting provider on 07/29/15. He was having right knee pain. He was seen for follow-up on 07/28/15. He was having worsening neck and low back pain. Physical examination findings included a normal gait. An MRI scan of the lumbar spine is being requested. Applicable indications in this case for obtaining an MRI of the lumbar spine would include a history of trauma with neurological deficit, when there are red flags such as suspicion of cancer or infection, or when there is radiculopathy with severe or progressive neurologic deficit. In this case, there are no identified red flags, complaints, or examination findings that support the need to obtain an MRI of the lumbar spine. The request was not medically necessary.