

Case Number:	CM15-0177260		
Date Assigned:	09/17/2015	Date of Injury:	04/11/2014
Decision Date:	10/20/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/09/2015

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:

This is a 39 year old female with a date of injury of April 11, 2014. A review of the medical records indicates that the injured worker is undergoing treatment for lumbosacral sprain and strain, lumbar facet syndrome, and left knee internal derangement and lateral meniscus tear. Medical records dated February 12, 2015, 2015 indicate that the injured worker complains of lower back pain, bilateral hip pain, bilateral leg pain, left knee, ankle, and foot pain, and numbness and weakness in the legs and feet. Records also indicate that the pain was rated at a level of 9 out of 10. A progress note dated April 16, 2014 notes subjective complaints of toe in with the left leg when ambulating, and numbness and tingling. The physical exam dated February 12, 2015 reveals tenderness to palpation over the lumbar spinous processes from L4 to S1, posterior superior iliac spines, lumbar paravertebral musculatures, and sacroiliac joints bilaterally, decreased range of motion of the lumbar spine (forward flexion of 30 degrees, extension of 20 degrees, right and left lateral bending of 30 degrees, right and left lateral rotation of 45 degrees), valgus of the left knee, tenderness to palpation over the lateral aspect and mid- medial and posteromedial aspects of the left knee, decreased range of motion of the left knee (flexion of 120 degrees), and positive McMurray's test of the left knee. The progress note dated May 21, 2015 documented a physical examination that showed decreased range of motion with pain. Treatment has included at least six sessions of physical therapy, medications (Tylenol #3 as of February 12, 2015; Tramadol, Omeprazole, Voltaren, and topical compounds as of July of 2015), and magnetic resonance imaging of the lumbar spine (date not provided) that, per the treating physician, showed "some bulging at L3-4 of 3.5 millimeters". The original

utilization review (August 31, 2015) non-certified a request for magnetic resonance imaging of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient lumbar MRI: Upheld

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

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).

Decision rationale: The claimant sustained a work injury in April 2014 when she tripped over a box and fell backwards striking her back. She had a history of lumbar spine problems prior to injury. MRI scans have been obtained in March 2012 and in October 2014. When seen, left knee surgery was being planned. When seen, she was having increasing pain when walking. She was having left lower extremity numbness and tingling. No physical examination findings were recorded. Authorization was requested for an MRI of the left knee and of the lumbar spine. Guidelines recommend against repeating diagnostic testing without indication and indicate that a repeat MRI of the lumbar spine is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation). In this case, when requested, there were no reported physical examination findings. There were no complaints that support the need to obtain another lumbar spine MRI and the second scan within the past 12 months. The request was not appropriate or medically necessary.