MAXIMUS Federal Services

Case Number:	CM15-0178415		
Date Assigned:	09/18/2015	Date of Injury:	10/10/2013
Decision Date:	10/26/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	09/10/2015

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, New York
Certification(s)/Specialty: Internal 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:

The injured worker is a 31 year old female, who sustained an industrial injury on October 10, 2013. She reported a continuous trauma injury to her back, bilateral shoulder, knees, feet and ankles. The injured worker was diagnosed as having cervical disc herniation without myelopathy, lumbar disc displacement with myelopathy, partial tear of rotator cuff tendon of the bilateral shoulders, bursitis and tendinitis of the bilateral shoulders, tear of medial meniscus of the bilateral knees, bursitis of the bilateral knees, bilateral plantar fasciitis and bilateral calcaneal spurs. Treatment to date has included diagnostic studies, medications, chiropractic treatment and physical therapy. On July 22, 2015, the injured worker was noted to have finished six physical therapy treatments for the knee and reported doing well. She complained of lower back pain with left foot tingling. Physical examination revealed muscle strength a four out of five to the left knee with no effusion. Physical examination of the lumbar spine revealed tenderness to palpation. The injured worker was able to toe and heel walk with pain. Straight leg raise test was positive. The treatment plan included physical therapy for the left knee, MRI of the lumbar spine and a follow-up visit. On August 18, 2015, utilization review denied a request for MRI 3.0 tesia lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI 3.0 Tesia Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, MRI lumbar spine.

Decision rationale: Pursuant to the Official Disability Guidelines, MRI 3.0 Tesia of the lumbar spine is not medically necessary. MRIs of the test of choice in patients with prior back surgery, but for uncomplicated low back pain, with radiculopathy, it is not recommended until after at least one month conservative therapy, sooner if severe or progressive neurologic deficit. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and findings suggestive of significant pathology. Indications (enumerated in the official disability guidelines) for imaging include, but are not limited to, lumbar spine trauma, neurologic deficit; uncomplicated low back pain with red flag; uncomplicated low back pain prior lumbar surgery; etc. ACOEM states unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients not respond to treatment and who would consider surgery an option. See the ODG for details. In this case, the injured workers working diagnoses are three months postoperative left knee arthroscopy April 2, 2015; and lumbosacral myospasms. Date of injury is October 10, 2013. Request for authorization is August 5, 2015. According to a July 22, 2015 progress note, the injured worker's status post left knee arthroscopy April 2, 2015. The injured worker received physical therapy only to the left knee. There is no physical therapy documentation to the lumbar spine. Subjectively, the injured worker complains of ongoing low back pain and left foot tingling. Objectively, there is positive straight leg raising and tenderness to palpation. There is no neurologic evaluation. There is no objective evidence of radiculopathy. There is no unequivocal objective evidence identifying specific nerve compromise. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no objective evidence of radiculopathy on physical examination, no neurologic evaluation and no unequivocal objective evidence that identifies specific nerve compromise, MRI 3.0 TESLA of the lumbar spine is not medically necessary.