

<b>Case Number:</b>	CM15-0042289		
<b>Date Assigned:</b>	03/13/2015	<b>Date of Injury:</b>	10/21/2010
<b>Decision Date:</b>	04/22/2015	<b>UR Denial Date:</b>	02/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/05/2015

### 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, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 42 year old male, who sustained an industrial injury, October 21, 2010. The injured worker previously received the following treatments; surgery of the lumbar spine, surgery of the left knee arthroscopic times 2, physical therapy acupuncture, medications, shock wave therapy, MRI of the left knee on December 31, 2014, MRI of the cervical spine, x-rays of the lumbar spine AP, lateral, flexion and extension views. The injured worker was diagnosed with status post lumbar spine fusion surgery with residual pain and retained hardware, lumbar radiculopathy, status post left knee arthroscopic surgery with residual pain, left ankle sprain/strain rule out internal derangement, anxiety disorder, mood disorder, sleep disorder, stress, diabetes and hypertension. According to progress note of December 19, 2014, the injured workers chief complaint was left knee pain and lower back pain with radiation of pain to the lower extremities bilaterally. There was notable decreased range of motion of the left knee. The physical exam noted the injured worker with an antalgic gait due to pain in the legs and back. The injured worker was using a crutch. There was spasms and tenderness over the vertebral muscles of the lumbar spine with decreased range of motion on flexion and extension. There was decreased sensation with pain noted on the L5-S1 dermatomes bilaterally. The treatment plan included a weight bearing x-ray of the left knee and CT scan of the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Weight bearing X-ray left knee:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee & Leg, Radiography (x-rays).

**Decision rationale:** The patient presents with chronic low back with radiation to his lower extremities bilaterally and left knee pain. The current request is for weight bearing X-ray left knee. The treating physician states on 12/29/14 (C139) "Obtain auth x-rays wt bearing left knee." MTUS is silent with regards to X-rays. ODG lists the following indications for X-rays: Acute trauma to the knee, fall or twisting injury, with one or more of following: focal tenderness, effusion, inability to bear weight. First study. Acute trauma to the knee, injury to knee  $\geq$  2 days ago, mechanism unknown. Focal patellar tenderness, effusion, able to walk. Acute trauma to the knee, significant trauma (e.g. motor vehicle accident), suspect posterior knee dislocation. Nontraumatic knee pain, child or adolescent: nonpatellofemoral symptoms. Mandatory minimal initial exam. Anteroposterior (standing or supine) & Lateral (routine or cross-table). Nontraumatic knee pain, child or adult: patellofemoral (anterior) symptoms. Mandatory minimal initial exam. Anteroposterior (standing or supine), Lateral (routine or cross-table), & Axial (Merchant) view. Nontraumatic knee pain, adult: nontrauma, nontumor, nonlocalized pain. Mandatory minimal initial exam. Anteroposterior (standing or supine) & Lateral (routine or cross-table). In this case, the clinical documentation has evidenced the patient's non-traumatic knee pain numerous times spanning a period of at least 6/6/14-12/29/14. ODG guidelines indicate minimal examination measures consistent with the requested treatment. The current request is medically necessary and recommendation is for authorization.

**CT scan lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, 304. Decision based on Non-MTUS Citation Official Disability Guidelines - Low Back Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back - Lumbar & Thoracic, CT (computed tomography).

**Decision rationale:** The patient presents with chronic low back with radiation to his lower extremities bilaterally and left knee pain. The current request is for CT scan lumbar spine. The treating physician states on 12/29/14 (C139) "Obtain auth CT lumbar spine." MTUS is silent with regards to CT scan. ODG supports CT scans when the following indications are met: Thoracic spine trauma: equivocal or positive plain films, no neurological deficit. Thoracic spine trauma: with neurological deficit. Lumbar spine trauma: trauma, neurological deficit. Lumbar spine trauma: seat belt (chance) fracture. Myelopathy (neurological deficit related to the spinal cord), traumatic. Myelopathy, infectious disease patient. Evaluate pars defect not identified on

plain x-rays. Evaluate successful fusion if plain x-rays do not confirm fusion. In this case, the clinical records provided do not document spine trauma, a neurological deficit related to the spinal cord or the need to identify issues not confirmed on plain x-rays. The current request is not medically necessary and the recommendation is for denial.