

<b>Case Number:</b>	CM15-0064962		
<b>Date Assigned:</b>	04/10/2015	<b>Date of Injury:</b>	06/22/2012
<b>Decision Date:</b>	05/12/2015	<b>UR Denial Date:</b>	03/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/03/2015

### 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:

The injured worker is a 60-year-old female, who sustained an industrial injury on 6/22/2012. She reported a fall with injury to the low back and the right knee. Diagnoses include cervical discogenic pain, lumbar discogenic pain, radicular pain, and right sided knee pain. Treatments to date include anti-inflammatory medication, physical therapy, and steroid epidural injection. The requests are from a new evaluating physician other than her long-term treating physician. There is no review of the treating physician's records. Currently, she complained of left greater than right knee pain due to compensation. On 3/4/15, the physical examination documented lumbar tenderness with limited range of motion. The knee examination revealed positive McMurray's and Apley's testing bilaterally. The plan of care included MRI of the lumbar spine and bilateral knees in addition to bilateral knee x-rays. Prior MMI history and exam reveals a significant difference in physical complaints and involved body parts. There is no review or discussion of these differences in the requesting physician's evaluation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the Lumbar Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 12 Low Back Complaints Page(s): 23, 24, 300.

**Decision rationale:** MTUS Guidelines have specific standards of evaluation necessary to support treatment and testing. These standards have not been met in relationship to the requested testing. There is no detailed review of the current treating physicians records and there is no review of prior the MMI report with the necessary discussion of differences of medical findings and rationale for these differences. There is no discussion of how the current symptoms are different then prior symptoms when an MRI was performed. At this point in time, the requested lumbar MRI is not supported by Guidelines and is not medically necessary.

**MRI of the Bilateral Knees:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 23, 24.

**Decision rationale:** MTUS Guidelines have specific standards of evaluation necessary to support treatment and testing. These standards have not been met in relationship to the requested testing. There is no detailed review of the current treating physicians records and there is no review of prior the MMI report with the necessary discussion of differences of medical findings and rationale for these differences. At this point in time, the requested bilateral knee MRI's are not supported by Guidelines and is not medically necessary.