MAXIMUS Federal Services

Case Number:	CM15-0092162		
Date Assigned:	05/18/2015	Date of Injury:	04/11/2014
Decision Date:	06/23/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	05/13/2015

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: Texas, New York, 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 applicant is a represented 39-year-old who has filed a claim for chronic low back and knee pain reportedly associated with an industrial injury of May 4, 2015. In a Utilization Review report dated May 4, 2015, the claims administrator failed to approve requests for lumbar and knee MRI imaging. An April 16, 2015 progress note was referenced in the determination. The applicant's attorney subsequently appealed. In an RFA form dated April 27, 2015, MRI scans of the left knee and lumbar spine were sought. In an associated progress note dated April 16, 2015, the applicant reported ongoing complaints of low back, leg, and knee pain. Numbness and tingling about the left leg were also reported. The attending provider gave the applicant diagnoses of lumbar radiculopathy, lumbosacral strain, lumbar facet syndrome, and left knee internal derangement with lateral meniscal tear. The applicant was placed off of work, on total temporary disability. MRI imaging of the lumbar spine was sought. The attending provider stated that the applicant had not had previous lumbar MRI imaging. The attending provider stated that knee MRI imaging was being sought to exclude any knee pathology and/or determine whether the applicant's pain complaints were emanating from the low back versus knee. Only incidental mention, however, was made of the applicant's knee complaints as the bulk of the document on file revolved on discussion of the applicant's lumbar radicular issues.

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: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM: Special Studies and Diagnostic and Treatment Considerations.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 296.

Decision rationale: The request for an outpatient lumbar MRI is medically necessary, medically appropriate, and indicated here. While the MTUS Guideline in ACOEM Chapter 12, Table 12-4, page 296 does acknowledge that imaging studies are not indicated for four to six weeks with applicants who carry a diagnosis of lumbar radiculopathy, here, however, the applicant was approximately a year removed from the date of injury as of the date of the request. As suggested by the attending provider, lumbar MRI imaging was indicated to delineate the extent of the applicant's radicular symptomatology. The request in question was framed as a first-time request for lumbar MRI imaging. Therefore, the request is medically necessary.

MRI of the Left Knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM: Special Studies and Diagnostic and Treatment Considerations.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 335.

Decision rationale: Conversely, the request for MRI imaging of the left knee is not medically necessary, medically appropriate, or indicated here. The attending provider stated that the applicant might possibly carry a diagnosis of meniscal tear or meniscal derangement in his progress note of April 16, 2015. While the MTUS Guideline in ACOEM Chapter 13, Table 13-2, page 335 does acknowledge that MRI imaging can be employed to confirm a diagnosis of meniscus tear, as was suspected here, ACOEM qualifies this position by noting that such testing is indicated only if surgery is being considered or contemplated. Here, however, only incidental mention was made of the applicant's knee pain complaints. The attending provider acknowledged that the applicant's low back pain was the primary pain generator and seemingly suggested that he was intent on performing knee MRI imaging for "rule-out" purposes, with no clearly formed intention of acting on the results of the same. Thus, there was neither an explicit statement (nor an implicit expectation) that the applicant would act on the results of the knee MRI in question and/or consider surgical intervention involving the injured knee. Therefore, the request is not medically necessary.