MAXIMUS Federal Services

Case Number:	CM15-0093392		
Date Assigned:	05/19/2015	Date of Injury:	06/22/2014
Decision Date:	06/22/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	05/14/2015

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: Iowa, Illinois, Hawaii
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 (IW) is a 24-year-old male who sustained an industrial injury on 06/22/2014 due to falling glass. Diagnoses include left knee strain rule out meniscal tear and lumbar strain rule out disc herniation. Treatment to date has included suturing of the wound, modified activity, medications and physical therapy. X-rays of the bilateral knees were normal; results of the MRI of the left knee were requested. According to the initial report dated 3/18/15, the IW reported frequent low back pain radiating into the right hip rated 5/10. He also reported constant left knee pain, rated 8/10, with associated swelling, clicking, popping and giving way. On examination, the lumbar spine was tender to palpation over the paraspinal muscles with hypertonicity noted bilaterally. Range of motion was reduced and sensation was decreased in the bilateral L4 nerve distribution. Straight leg raise was positive on the left. A request was made for an MRI of the lumbar spine due to red flag findings on examination; the provider would like to rule out disc herniation.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Lumbar Spine: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), MRIs (magnetic resonance imaging).

Decision rationale: MTUS and ACOEM recommend MRI, in general, for low back pain when cauda equine, tumor, infection, or fracture are strongly suspected and plain film radiographs are negative, MRI test of choice for patients with prior back surgery. ACOEM additionally recommends against MRI for low back pain before 1 month in absence of red flags. ODG states, "Imaging is indicated only if they have severe progressive neurologic impairments or signs or symptoms indicating a serious or specific underlying condition, or if they are candidates for invasive interventions. Immediate imaging is recommended for patients with major risk factors for cancer, spinal infection, cauda equina syndrome, or severe or progressive neurologic deficits. Imaging after a trial of treatment is recommended for patients who have minor risk factors for cancer, inflammatory back disease, vertebral compression fracture, radiculopathy, or symptomatic spinal stenosis. Subsequent imaging should be based on new symptoms or changes in current symptoms." The medical notes provided describe red flags symptoms including lack of sensation and inability to heel to toe walk, which is suggestive of the pathologies outlined in the above guidelines. As such, the request for MRI Lumbar Spine is medically necessary.