

Case Number:	CM15-0094640		
Date Assigned:	05/20/2015	Date of Injury:	11/18/2010
Decision Date:	06/26/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	05/15/2015

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: 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 is a 59 year old female, who sustained an industrial injury on 11/18/2010. According to a progress report dated 02/03/2015, the injured worker continued to have chronic and debilitating pain in her low back which had been refractory to all attempts at conservative treatment. She had done remarkably well with the cervical spine fusion that was performed and was quite happy with the results. Her radicular component in the upper extremities had essentially resolved and her pain was minimal. She inquired about proceeding with similar surgery to her low back as she had seen the positive gains with the cervical spine procedure. There was constant severe pain in the low back. There was radiation of pain into the lower extremities which was burning in nature, worse on the right than left. Pain was worsening. On a scale of 1-10, pain level was rated 9. There was occasional discomfort in the cervical spine that was rated 4. There was frequent pain in the shoulders, bilateral wrists and bilateral knees that was rated 5. Diagnoses included status post C4 through T1 hybrid reconstruction, lumbar discopathy, bilateral carpal tunnel/double crush syndrome, shoulder impingement rule out rotator cuff pathology and internal derangement of bilateral knees. The provider noted that due to the chronic symptoms in the shoulders with lack of improvement over time that MRI scans were indicated. The injured worker also had a pathologic right knee which was quite limiting with pain increasing. The provider recommended an updated MRI of the right knee. In regard to her lumbar spine symptoms, she had experienced progressive pain and progressive debilitating weakness and numbness in her lower extremities. It was worse on the right than left. She admitted to some giving away of her legs due to the debilitating pain and weakness that was

evidenced on physical examination and consistent with the pathology from L3 to S1 diagnostic studies. Treatment to date has included medications, physical therapy and epidural injection. The epidural injection provided no benefit. Her objective findings revealed progression in her neurologic deficits with now 3+ to 4- strength in the right L4, L5 and S1 innervated muscles, 4 strength on the left. Objective findings were not present a year ago. Recommendations included MRI of the right knee, MRI of the shoulders and L3 through S1 posterior lumbar interbody fusion. According to a progress report dated 04/14/2015, the injured worker was scheduled for an MRI of the right knee. There was no radiology reports submitted for review. Currently under review is the request for one MRI with and without contrast of the lumbar spine and one MRI of the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) MRI with and without contrast of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Low back chapter, MRIs (magnetic resonance imaging).

Decision rationale: The patient presents with neck pain rated 3/10 and low back pain radiating to lower extremities rated 8/10 and bilateral knee pain rated 5/10. The request is for ONE (1) MRI WITH AND WITHOUT CONTRAST OF THE LUMBAR SPINE. The request for authorization is not provided. The patient is status-post cervical spine fusion, date unspecified. X-rays of the lumbar spine, date unspecified, shows spondylosis and instability in the distal lumbar spine. Physical examination of the lumbar spine reveals palpable paravertebral muscle tenderness with spasm. Seated nerve root test is positive. Range of motion is guarded and restricted. There is diminished sensation in the L4, L5 and S1 dermatomal pattern involving the anterolateral thigh, anterolateral and posterior leg, anterior knee as well as foot. Exam of bilateral knees reveals tenderness in the anterior joint line. Patellar grind test is positive. McMurray's is positive. There is crepitus with painful range of motion. Patient's medications are helping, continue as before. Per progress report dated 04/14/15, the patient is returned to modified work. ODG guidelines, Low back chapter, MRIs (magnetic resonance imaging) (L-spine) state that "for uncomplicated back pain MRIs are recommended for radiculopathy following at least one month of conservative treatment." ODG guidelines further state the following regarding MRI's, "Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation)." Per progress report dated 04/14/15, treater's reason for the request is "consistent with ACOEM, which states that this diagnostic test is necessary when the patient has had lumbar spine pain with leg pain/numbness lasting longer than 4-6 weeks." However, it appears the patient has previously had a MRI of the lumbar spine. Per progress report dated 02/03/15, treater notes "The MRI scan confirms neural compression at L3-L4, L4-L5 and L5-S1." For an updated or repeat MRI, the patient must be

post-operative or present with a new injury, red flags such as infection, tumor, fracture or neurologic progression. In this case, the patient does not present with any of these. Therefore, the request IS NOT medically necessary.

One (1) MRI of the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Knee & Leg Chapter under MRI's (Magnetic Resonance Imaging).

Decision rationale: The patient presents with neck pain rated 3/10 and low back pain radiating to lower extremities rated 8/10 and bilateral knee pain rated 5/10. The request is for ONE (1) MRI OF THE RIGHT KNEE. The request for authorization is not provided. The patient is status-post cervical spine fusion, date unspecified. X-rays of the lumbar spine, date unspecified, shows spondylosis and instability in the distal lumbar spine. Physical examination of the lumbar spine reveals palpable paravertebral muscle tenderness with spasm. Seated nerve root test is positive. Range of motion is guarded and restricted. There is diminished sensation in the L4, L5 and S1 dermatomal pattern involving the anterolateral thigh, anterolateral and posterior leg, anterior knee as well as foot. Exam of bilateral knees reveals tenderness in the anterior joint line. Patellar grind test is positive. McMurray's is positive. There is crepitus with painful range of motion. Patient's medications are helping, continue as before. Per progress report dated 04/14/15, the patient is returned to modified work. ODG-TWC, Knee & Leg Chapter under MRI's (Magnetic Resonance Imaging), states: "Repeat MRIs: Post-surgical if need to assess knee cartilage repair tissue. (Ramappa, 2007) Routine use of MRI for follow-up of asymptomatic patients following knee arthroplasty is not recommended. The guidelines also state that "In determining whether the repair tissue was of good or poor quality, MRI had a sensitivity of 80% and specificity of 82% using arthroscopy as the standard." ODG states that an MRI is reasonable if internal derangement is suspected. Regarding MR arthrography, ODG guidelines recommended as a postoperative option to help diagnose a suspected residual or recurrent tear, for meniscal repair or for meniscal resection of more than 25% Per progress report dated 02/03/15, treater's reason for the request is "Her pain has been increasing in her right knee so I would like to obtain an updated MRI of the right knee at this time as well. It has been well over a year since her last MRI scans were obtained and due to the progression in her symptoms there is a strong possibility there has been progression in her pathology." ODG guidelines support repeat MRIs for post-surgical patients to assess knee cartilage repair tissue. Review of medical records shows no evidence the patient undergoing any RIGHT knee surgical procedures. Therefore, the request IS NOT medically necessary.