

Case Number:	CM14-0142409		
Date Assigned:	09/10/2014	Date of Injury:	07/24/2013
Decision Date:	10/21/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/03/2014

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. The expert reviewer is Board Certified in Orthopedic and is licensed to practice in New York. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient presents with chronic knee pain. He is a male with a date of injury of July 24, 2013. Patient has had physical therapy for knee pain. He had knee surgery in June 2014. He continues to have ongoing left knee pain. Examination of the low back reveals significant tenderness and spasm with limited range of motion. There is a positive straight leg raise and tingling and numbness in the L5 distribution. The patient has not had documented physical therapy for the lumbar spine condition. At issue is whether patient needs a lumbar MRI at this time.

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 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG low back chapter

Decision rationale: The medical records do not document that the patient has had physical therapy for lumbar related symptoms. There is no documentation of physical therapy for low back pain. Conservative measures for the patient's back pain and lumbar radicular symptoms has

not been attempted and documented in the medical records. There is no documentation of severe neurologic deficit. There are no red flag indicators for lumbar MRI such as concern for fracture or tumor. Established criteria for lumbar MRI not met at this time as more conservative measures needed. Therefore, the request for MRI of the lumbar spine is not medically necessary and appropriate.