

Case Number:	CM14-0033741		
Date Assigned:	03/19/2014	Date of Injury:	12/26/2011
Decision Date:	09/30/2015	UR Denial Date:	02/28/2014
Priority:	Standard	Application Received:	03/18/2014

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. 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, Florida, 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 36 year old male, who sustained an industrial injury on 12-26-2011. Diagnoses include cervical spine sprain or strain disorder with cervicgia, lumbosacral spine sprain or strain disorder rule out lumbosacral spine disc disease with possible radiculopathy, internal derangement right knee status post arthroscopic surgery with lateral meniscus tear and chronic pain syndrome with idiopathic insomnia. Treatment to date has included arthroscopic repair of the knee with lateral meniscus tear (undated) as well as conservative treatment consisting of medications, home exercise, transcutaneous electrical nerve stimulation (TENS) unit and modified work. Per the Primary Treating Physician's Progress Report dated 1-30-2014, the injured worker presented for reevaluation. Physical examination revealed reduction of range of motion to the lumbosacral spine, with bilateral tender, painful lumbosacral paraspinal muscle spasms. There was full range of motion and power of the cervical spine and both knees. The plan of care included diagnostic imaging. Authorization was requested for urgent magnetic resonance imaging (MRI) of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): American College of Occupational and Environmental Medicine Page 303, Low Back Complaints.

Decision rationale: This claimant was injured in 2011 with cervicgia, lumbosacral spine sprain or strain disorder rule out lumbosacral spine disc disease with possible radiculopathy, and internal derangement right knee status post arthroscopic surgery with lateral meniscus tear and chronic pain syndrome with idiopathic insomnia. The last note is from 1.5 years ago; per the note from 1-30-14, there is reduction of range of motion to the lumbosacral spine, with bilateral tender, painful lumbosacral paraspinal muscle spasms. No progression of objective neurologic signs are noted. Under MTUS/ACOEM, although there is subjective information presented in regarding pain, there are no accompanying physical signs. Even if the signs were of an equivocal nature, the MTUS note that electrodiagnostic confirmation generally comes first before doing MRI. They note "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study." The guides warn that indiscriminate imaging will result in false positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. I did not find electrodiagnostic studies or objective neurologic signs. The request does not meet MTUS criteria for certification. The request is not medically necessary.