

<b>Case Number:</b>	CM13-0060589		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	08/08/2001
<b>Decision Date:</b>	05/08/2014	<b>UR Denial Date:</b>	11/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/03/2013

### 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 Physical Medicine & Rehabilitation and is licensed to practice in California. 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 is a 50-year-old female who was injured on August 08, 2001. Prior treatment history has included the following medications Ambien, Prozac, Clorazepate, Flexeril, Neurontin and Norco. On September 30, 2013, a drug screen was reported with the following medications detected: acetaminophen, oxazepam, hydrocodone, hydromorphone and Zolpidem. A pain medicine re-evaluation on October 25, 2013 documented that the patient had complaints of neck pain that radiates to the bilateral upper extremities, low back pain that radiates to bilateral lower extremities, lower extremity pain in the left hip, headache pain and pain in the back of the legs. Objective findings on exam revealed fibromyalgia with 16/18 fibro tender points. Lumbar range of motion was moderately limited secondary to pain. Pain was significantly increased with flexion and extension. The patient's diagnoses include cervical radiculitis, lumbar radiculitis and anxiety.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **MAGNETIC RESONANCE IMAGING (MRI) OF THE RIGHT HAND AS OUTPATIENT:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272-286.

**Decision rationale:** According to the California MTUS guidelines, an MRI for the hand is recommended in cases of infection, especially in lytic lesions, and when a surgical intervention is considered. The medical records document that the patient complained of neck pain that radiated to the bilateral upper extremities, low back pain that radiates to the lower extremities. Objective findings were limitation of range of motion in the lumbar spine. In the absence of documented objective and subjective findings of a right hand lesion, the request is not medically necessary according to the guidelines.