

Case Number:	CM13-0069943		
Date Assigned:	01/03/2014	Date of Injury:	01/19/2013
Decision Date:	04/15/2014	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	12/23/2013

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 and Rehabilitation and Pain Management, has a subspecialty in Interventional Spine 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 65 year old female with date of injury of 01/19/2013. The listed diagnoses per [REDACTED] dated 12/10/2013 are: 1. Lumbar spine strain with degenerative disc disease, rule out lumbar radiculopathy 2. Cervicothoracic spine strain, rule out cervical radiculopathy 3. Rule out right wrist De Quervain's tenosynovitis and intersection syndrome 4. Complaints of depression, anxiety and sleep difficulty According to progress report dated 12/10/2013 by [REDACTED], the patient reports lots of pain in her low back. She rates her pain 9/10 with intermittent radiating leg pain. She also states that she has little neck pain but not as bad as her back. Physical examination shows patient's right wrist is tender along the first and second dorsal compartment with positive Finkelstein's test. There is tenderness along the lower thoracic and upper lumbar regions. There is paraspinal musculature tenderness to palpation. Treater is requesting an MRI of the joint upper extremities without dye, presumably of the wrists

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Joint Upper Extremities Without Dye: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 268. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG-twc guidelines has the following regarding MRI of wrist: (http://www.odg-twc.com/odgtwc/Forearm_Wrist_Hand.htm)

Decision rationale: This patient presents with neck, right wrist and low back pain that radiates to the leg. The treater is requesting an MRI Joint upper extremities without dye, presumably of the wrists. Utilization review dated 12/13/2013 denied the request stating that there is no evidence of a trial and failure of a reasonable course of conservative care. ACOEM guidelines p268 discusses special studies but this refers to acute/subacute phase of an injury. For chronic wrist pain and need for MRI (ODG) Official Disability Guidelines guidelines states chronic wrist pain suspicion for soft tissue tumor, ligament injury, scaphoid fracture or Kienbock's disease. Report dated 02/20/2013 by [REDACTED] referenced x-rays from 02/20/2013. Wrist x-rays apparently showed no fracture, avulsions, dislocation, tumors, cysts or soft tissue swelling. The treater would like to obtain an MRI but does not indicate what he is looking for. For an MRI of wrist, suspicion for scaphoid fracture, ligament injury, soft tissue tumor, Kienbock's disease must be present and documented. In this patient, no examination or clinical presentation suspect these issues. Recommendation is for denial