

Case Number:	CM14-0017649		
Date Assigned:	04/16/2014	Date of Injury:	10/01/2002
Decision Date:	06/03/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	02/12/2014

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 Internal Medicine, Pulmonary Diseases, 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 injured worker is a 68-year-old female that was injured on 10/01/2002. The mechanism of injury is unknown. The injured worker reported pain to the right middle ring finger trigger pain, hand and wrist rated 6/10 with occasional numbness, left hand and wrist pain rated 6/10 with occasional numbness in the hand and neck pain rated 5/10. The injured worker received acupuncture with occasional relief. The physical exam dated 01/10/2014, indicated the injured worker was diagnosed with cervical spine stenosis, cervical spine radiculopathy and trigger finger pain at the third and fourth digit of the right hand. The extremities examination revealed tenderness and range of motion was deferred to the appropriate specialist. Her medication regiment included sentra AM, sentra PM, and theramine. The request for authorization was submitted on 07/02/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF THE CERVICAL SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 172.

Decision rationale: The injured worker reported occasional pain to the neck of 5/10 and was diagnosed with cervical spine stenosis and cervical radiculopathy. The MTUS/ACOEM indicates that for patients manifesting factual neck pain or back problems, magnetic resonance imaging (MRI) is not indicated for 4-6 weeks in the absence of progressive motor weakness. The diagnostic imaging is not recommended in the absence of red flags. There was inadequate documentation of conservative therapy and functional improvement in the records provided. There was a lack of documentation of significant findings indicative of neurologic deficit. Therefore, the request for MRI of the cervical spine is non-certified.

MRI OF THE BILATERAL HANDS/WRISTS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, wrist, & hand, MRI's (magnetic resonance imaging).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, wrist, & hand, MRI's (magnetic resonance imaging).

Decision rationale: The injured worker reported pain to the right middle ring finger trigger pain, hand and wrist 6/10 with occasional numbness, left hand and wrist pain 6/10 with occasional numbness in the hand. The MTUS/ACOEM states, for most injured workers presenting with true hand and wrist problems, special studies are not needed until after a 4- to 6-week period of conservative care and observation. Most patients improve quickly, provided red flag conditions are ruled out. The Official Disability Guidelines (ODG) indicates that "acute hand or wrist trauma, suspect acute distal radius fracture, radiographs normal, next procedure if immediate confirmation or exclusion of fracture is required. Acute hand or wrist trauma, suspect gamekeeper injury (thumb metacarpophalangeal joints (MCP) ulnar collateral ligament injury)-chronic wrist pain, plain films normal, suspect soft tissue tumor- chronic wrist pain, plain film normal or equivocal, suspect Kienbock's disease". The extremities examination of tenderness and range of motion was deferred to the appropriate specialist and was not performed during the evaluation. There is no documentation of acute trauma in the records provided. There was a lack of documentation of significant findings of deficit to the bilateral hands/wrists. Therefore, the request for MRI of the bilateral hands and wrists are non-certified.