

<b>Case Number:</b>	CM14-0112223		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	07/27/2010
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	07/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/17/2014

### 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 Physical Medicine and Rehabilitation, and is licensed to practice in Texas. 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:

Medical Records reflect the claimant is a 67 year old male who sustained a work injury on 7-27-10 to the neck, back, right shoulder and hand. Recent evaluation on 6-19-14 notes the claimant with severe pain in his back and right hand. On exam, the claimant had tenderness along the spinous process of the thoracic spine T9 through T11 levels. He also had paraspinal tenderness noted, range of motion is limited due to pain. Exam of the hand shows swelling over the dorsum of the third metacarpal head. This area is tenderness to palpation, range of motion is intact. X-rays of the hand shows excellent alignment, joints well preserved, no abnormalities. X-rays of the thoracic spine shows a large disc osteophyte complex at T8 or T9 level.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the thoracic spine and right hand as outpatient:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines MRI hand.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, wrist and hand, MRI & Low Back - Lumbar & Thoracic, MRI.

**Decision rationale:** Regarding the request for MRI of the hand, ACOEM Guidelines reflect that in cases of wrist injury, with tenderness over the scaphoid (especially over the scaphoid tubercle), but minimal other findings, a scaphoid fracture may still be present. Initial radiographic images should be obtained, but may appear negative in the presence of nondisplaced scaphoid fracture. If clinical symptoms continue, a re-evaluation with new radiographs is advised in approximately 2 weeks. ODG reflects that for chronic wrist pain, plain films normal, suspect soft tissue tumor, chronic wrist pain, plain film normal or equivocal, suspect Kienbck's disease. Most recent office visit notes that on exam, the claimant exam of the hand shows swelling over the dorsum of the third metacarpal head. This area is tenderness to palpation, range of motion is intact. X-rays of the hand shows excellent alignment, joints well preserved, no abnormalities. There is an absence in documentation noting the suspicion of a scaphoid injury or fracture or of a Kienbck's disease. His radiographs are normal without documentation of any pathology. Therefore, the medical necessity for MRI of the hand is not established as medically necessary. Regarding the request for MRI of the thoracic spine, ACOEM reflects that an MRI is recommended if there progressive neurological deficits, debilitating symptoms. Medical Records reflect this claimant does not have neurological deficits and there is no documentation that he has debilitating progressive symptoms. Furthermore, ODG notes that an MRI of the thoracic spine is recommended if there is thoracic spine trauma with neurological deficits. Documentation notes that this claimant had tenderness along the spinous process of the thoracic spine T9 through T11 levels. He also had paraspinal tenderness noted, range of motion is limited due to pain. No documentation of neurological status or deficits. Therefore, the request for MRI is not medically necessary.