

<b>Case Number:</b>	CM14-0028239		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	12/13/2013
<b>Decision Date:</b>	07/29/2014	<b>UR Denial Date:</b>	02/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/05/2014

### 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 Occupational Medicine 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:

The injured worker is a 54 year old female with a date of injury of 12/13/2013. Mechanism of injury is a motor vehicle accident. The injured worker reported to the emergency department the following day complaining of hand, wrist, and forearm pain. Physical therapy for the back and hand were prescribed for the injured worker on 12/16/2014. X-rays of the right wrist and thumb dated 03/20/2014 were unremarkable. Physical exam of the lumbar spine and neurological exam of lower extremities dated 04/01/2014 revealed normal range of motion, negative straight leg raise and normal motor strength. The only abnormal finding was a mild reduction of the right Achilles during deep tendon reflex examination. Exam note indicates diagnosis of lumbar strain with right lower extremity radiculitis. Electrodiagnostic study performed 04/25/2014 revealed a normal examination with no electrodiagnostic evidence of a right lumbar radiculopathy, lumbar plexopathy, or other neuropathy. MRI of the right wrist without contrast was performed on 04/28/2014 and revealed a partial tear of the volar component of the scapholunate ligament with adjacent cystic changes in the volar lunate and scaphoid ligament attachments and mild tenosynovitis of the second extensor tendon compartment and mild extensor carpi ulnaris tendinosis with no tendon tear. No indication of previous imaging of the injured worker's lumbar region were included in the documentation available for review. Records indicate the injured worker has participated in at least 10 combined visits of physical therapy and chiropractic therapy for her lumbar region. The exact number of visits and objective data regarding the injured worker's pre and post therapy statuses are not available for review. Most recent exam dated 05/29/2014 reveals neuro-circulatory status of the lumbar is intact. This note indicates the patient reports continued improvement with medications and chiropractic therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI OF THE RIGHT WRIST WITHOUT CONTRAST:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Treatment Guidelines Low Back-Lumbar and Thoracic.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 581-582. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist & Hand Chapter, MRI section.

**Decision rationale:** The request for an MRI of the right wrist without contrast is not recommended as medically necessary. An MRI of the right wrist was previously approved for this injured worker and was performed on 04/28/2014. The MRI did not reveal any findings so significant that a second MRI is warranted. Medical necessity for an MRI of the right wrist without contrast is not recommended.

**MRI OF THE LUMBAR SPINE WITHOUT CONTRAST:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Treatment Guidelines Low Back-Lumbar and Thoracic.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 338-345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar and Thoracic Chapter, MRI section.

**Decision rationale:** The request for an MRI of the lumbar spine without contrast is not recommended as medically necessary. Recent physical exams reveal the injured worker has full range of motion, negative bilateral leg raise, full motor strength, and an intact neuro-circulatory status of the lumbar region. Electrodiagnostic testing revealed no evidence of a right lumbar radiculopathy, lumbar plexopathy, or other neuropathy. The most recent exam dated 05/28/2014 indicates the injured worker continues to experience improvement with her therapy programs. There are no factors or reports of significant pathology included in the documentation available for review that would suggest further evaluation with an MRI is appropriate. Medical necessity for an MRI of the lumbar spine without contrast is not recommended.