

Case Number:	CM14-0054562		
Date Assigned:	07/07/2014	Date of Injury:	01/17/2014
Decision Date:	09/09/2014	UR Denial Date:	04/21/2014
Priority:	Standard	Application Received:	04/22/2014

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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck, low back, hand, wrist, and thumb pain reportedly associated with an industrial injury of January 17, 2014. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; unspecified amounts of chiropractic manipulative therapy; and extensive periods of time off of work. In a Utilization Review Report dated April 21, 2014, the claims administrator retrospectively denied a request for cervical MRI imaging and MRI imaging of the thumb performed on March 9, 2014. The applicant's attorney subsequently appealed. In a July 3, 2014 progress note, it was noted that the applicant was off of work, on total temporary disability, as of that point in time. Additional physical therapy was sought. The treating provider stated that the applicant would attempt to return to work on a trial basis in six weeks' time. The applicant had undergone cervical MRI imaging on March 7, 2014 notable for multilevel disk protrusions of uncertain clinical significance. MRI imaging of the left thumb of March 7, 2014 was also notable for Osteoarthopathy of the first CMC joint. Additional physical therapy and an orthopedic evaluation were sought. On June 24, 2014, the applicant's pain management physician stated that the applicant was a candidate for diagnostic lumbar injections. Trigger point injections were offered; however, the applicant declined. The applicant was given Norco for pain relief. The attending provider also noted that the left arm MRI demonstrated only Osteoarthopathy of the CMC joint of the thumb.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI -cervical spine - 3.9.14: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

Decision rationale: While the MTUS guideline in ACOEM Chapter 8, Table 8-8, page 182 does recommend MRI or CT imaging to validate a diagnosis of nerve root compromise based on clear history and physical exam findings, in preparation for an invasive procedure, in this case, however, the applicant did not act on the results of the cervical MRI in question. There was no evidence that the applicant was actively considering or contemplating any kind of surgical intervention involving the cervical spine. There is no evidence that the applicant was actively considering or contemplating any kind of invasive procedure involving the surgical spine. The applicant's pain management physician only offered the applicant epidural injections for the lumbar spine as opposed to the cervical spine. The cervical MRI in question did not alter the treatment plan and demonstrated only multilevel degenerative changes of uncertain clinical significance. Therefore, the request was not medically necessary.

MRI - left thumb - 3.9.14: 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.

Decision rationale: The MTUS does not address the topic of MRI imaging of the hand, wrist, and/or thumb for a diagnosis of CMC joint Osteoarthritis, the issue present here. As noted in the Third Edition ACOEM Guidelines, for most purposes, history and physical examinations are sufficient to diagnose Osteoarthritis of the CMC joint, hands, and/or fingers. ACOEM goes on to note that x-ray imaging can be employed to diagnose Osteoarthritis if needed to define objective evidence of the extent of hand Osteoarthritis. By implication, then, there is no support in ACOEM for the MRI imaging which was performed to establish a diagnosis of hand Osteoarthritis. Therefore, the request was not medically necessary.