MAXIMUS Federal Services

Case Number:	CM14-0089026		
Date Assigned:	07/23/2014	Date of Injury:	05/01/2009
Decision Date:	09/22/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	06/12/2014

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 Physical Medicine & Rehabilitation, and is licensed to practice in Illinois. 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 57-year-old female who reported an injury on 06/01/2010, due to cumulative trauma while performing normal job duties. The injured worker reportedly sustained an injury to her bilateral upper extremities. The injured worker's treatment history included non-steroidal anti-inflammatory drugs, immobilization, physical therapy, and corticosteroid injections. The injured worker's diagnoses included bilateral carpal tunnel syndrome. The injured worker was evaluated on 04/18/2014. It was documented that the injured worker had bilateral hand pain and numbness, rated at a 9/10. The injured worker's medications included Amitriptyline, Cyclobenzaprine, Gabapentin, Ibuprofen, a Topical Cream, Omeprazole, Tizanidine, and Tramadol. Physical findings included reduced range of motion secondary to pain of the bilateral wrists with no evidence of radiculopathy or other neurological deficits. It was noted that the injured worker had previously undergone MRIs of the wrist and hands that did not identify any significant pathology. A request was made for repeat magnetic resonance imaging, a B12 injection and a urinalysis toxicology test. A Request for Authorization dated 04/18/2014 was submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI, right hand and wrist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Integrated Treatment/Disability Duration Guidelines, Forearm, Wrist & Hand (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist and Hand Chapter, MRI.

Decision rationale: The requested MRI of the right hand and wrist is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does not specifically address imaging beyond x-rays of the hands and wrists. Official Disability Guidelines do not recommend repeat imaging unless there is a significant change in the injured worker's clinical presentation to support suspicion of a change in pathology. The clinical documentation indicates that the injured worker has already undergone an MRI that did not identify any significant pathology. There is no documentation of a change in the injured worker's clinical presentation to support the need for further diagnostic imaging. As such, the requested MRI of the right wrist and hand is not medically necessary.

MRI, left hand and wrist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Integrated Treatment/Disability Duration Guidelines, Forearm, Wrist & Hand (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist and Hand Chapter, MRI.

Decision rationale: The requested MRI of the left hand and wrist is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does not specifically address imaging beyond x-rays of the hands and wrists. Official Disability Guidelines do not recommend repeat imaging unless there is a significant change in the injured worker's clinical presentation to support suspicion of a change in pathology. The clinical documentation indicates that the injured worker has already undergone an MRI that did not identify any significant pathology. There is no documentation of a change in the injured worker's clinical presentation to support the need for further diagnostic imaging. As such, the requested MRI of the left wrist and hand is not medically necessary.

Toxicology - Urine Drug Screen for date of service 5/12/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine drug testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

Decision rationale: The requested toxicology urine drug screen for date of service 05/12/2014 is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends drug testing for injured workers who exhibit symptoms of non-adherent behavior. The clinical documentation submitted for review did not provide documentation from the requested date of service to support the request. Therefore, there is no way determine whether the injured worker has symptoms of overuse or withdrawal to support the need for an additional urine drug screen. It is noted that the injured worker's last urine drug screen was in 03/2014. Therefore, the need for an additional urine drug screen in 05/2014 is not supported. As such, the requested toxicology urine drug screen for date of service 05/12/2014 is not medically necessary.