

Case Number:	CM14-0186148		
Date Assigned:	11/14/2014	Date of Injury:	04/22/2014
Decision Date:	01/14/2015	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	11/07/2014

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 Family Practice 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:

This is a 55 year old female with a work related injury dated 04/22/2014 while driving an 18-wheeler and the steering wheel suddenly locked causing immediate onset of pain to right and left wrist/hand. According to a visit note dated 07/11/2014, the injured worker presented with complaints of right and left wrist/hand pain with pain into the fingertips. Diagnoses included right and left wrist sprain/strain, right and left carpal tunnel syndrome, and myalgia and myositis. Treatments have consisted of braces, home exercise program, and medications. Diagnostic testing is not noted in received medical records. Work status is noted as temporary disability. On 10/20/2014, Utilization Review denied the request for MRI of the lumbar spine citing Official Disability Guidelines. The Utilization Review physician stated that lumbar MRI's are test of choice for patients with prior back surgery, but for uncomplicated low back pain with radiculopathy it is not recommended until after at least one month conservative therapy or sooner if severe or progressive neurologic deficit. Therefore, the Utilization Review decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines): MRI (magnetic resonance imaging)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 309.

Decision rationale: According to the ACOEM guidelines, an MRI of the lumbar spine is recommended for red flag symptoms such as cauda equina, tumor, infection, or uncertain neurological diagnoses not determined or equivocal on physical exam. There were no red flag symptoms. There was no plan for surgery. The request for an MRI of the lumbar spine is not medically necessary.