

Case Number:	CM14-0193470		
Date Assigned:	12/01/2014	Date of Injury:	03/14/2001
Decision Date:	07/15/2015	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	11/18/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

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 59-year-old female, who sustained an industrial/work injury on 3/14/01. She reported initial complaints of neck and bilateral shoulder pain with numbness to hands. The injured worker was diagnosed as having cervical, thoracic and low back pain, fibromyalgia, temporomandibular joint, chronic fatigue, carpal tunnel syndrome, and depression. There are associated diagnosis of tremor disorder, diabetes and morbid obesity. Treatment to date has included medications. Currently, the injured worker complains of neck and bilateral shoulder pain and numb left hand. Pain was rated 8/10. Per the primary physician's progress report (PR-2) on 7/29/14, hands were numb with carpal tunnel syndrome. Hands were shaking. The injured worker had recent gastric band surgery. There were objective findings of tenderness and trigger points to the neck area but no documented abnormal examination findings of the hands except for the chronic numbness. Current plan of care included pain management and psychiatry evaluation. The requested treatments include MRI of the right hand. The medications listed are Lyrica, Cymbalta and lorazepam.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the right hand: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268 - 269. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist and Hand Chapter, Radiography Section.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Hands.

Decision rationale: The CA MTUS - ACOEM and the ODG guidelines recommend that MRI can be utilized for the evaluation of worsening musculoskeletal pain when physical and simple plain radiographic tests are inconclusive. The records did not show documentation of trauma, red flag condition or significant objective findings related to the hands. There is a chronic history of non-progressive hand tremors, neck pain, carpal tunnel, diabetes and upper extremities neuropathy. The criteria for MRI of the right hand were not medically necessary.