

Case Number:	CM14-0194788		
Date Assigned:	12/02/2014	Date of Injury:	09/09/2012
Decision Date:	01/14/2015	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	11/20/2014

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 Emergency Medicine and is licensed to practice in New York. 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 37 year old male with a work related injury dated 09/19/2012 while assisting a confused patient from chair to bed, he was grabbed on his right wrist and the patients' weight shifted on him. According to a primary physician's progress report dated 08/25/2014, the injured worker presented with complaints of pain. Diagnoses included low back pain. Treatments have consisted of physical and occupational therapy, home exercise program, and medications. Diagnostic testing included a lumbar spine MRI on 12/20/2012 which noted disk desiccation and asymmetric to the left broad based moderate disk bulge extending into the left foramina causing moderate foraminal stenosis at L4-5 and mild broad based posterior disc bulge and mild bilateral foraminal stenosis and high signal within the posterior L5-S1 disk may represent an annular tear at L5-S1. Work status is noted as return to modified work on 08/26/2014 and return to full duty on 08/29/2014. On 10/23/2014, Utilization Review did not approve the request for MRI right wrist and MRI lumbar spine citing American College of Occupational and Environmental Medicine Practice Guidelines and Official Disability Guidelines. The Utilization Review physician stated the AP documented no red flag signs, there were no differential diagnosis other than the reported wrist signs and symptoms documented, and there were no plans for treatment documented regarding the MRI right wrist. Regarding the MRI lumbar spine, the Utilization Review physician stated that the lumbar spine examination showed decreased range of motion and tenderness, there were no red flag signs documented, there were no treatment plans provided, and prior MRI testing in 2012 showed minimal pathology. 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 Right Wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

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, &, hand, MRI's (magnetic resonance imaging)

Decision rationale: MRI of the wrist is indicated as an acute hand or wrist trauma, suspect acute distal radius fracture, radiographs normal, next procedure if immediate confirmation or exclusion of fracture is required. Acute hand or wrist trauma, suspect acute scaphoid fracture, radiographs normal, next procedure if immediate confirmation or exclusion of fracture is required. Acute hand or wrist trauma, suspect gamekeeper injury (thumb MCP ulnar collateral ligament injury) and chronic wrist pain, plain films normal, suspect soft tissue tumor, chronic wrist pain, plain film normal or equivocal and suspect Kienbock's disease. In this case documentation does not support that the patient has sustained an acute trauma and there is no suspicion of soft tissue tumor or Kienbock's disease. There is no indication for MRI of the wrist. Therefore the request is not medically necessary.

MRI Lumbar Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar and Thoracic MRI's

Decision rationale: Imaging of the lumbosacral spine is indicated in patients with unequivocal objective findings that identify specific nerve compromise on the neurologic examination who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. Further investigation is indicated in patients with history of tumor, infection, abdominal aneurysm, or other related serious conditions, who have positive findings on examination. MRI of the spine is recommended for indications below. MRI's are test of choice for patients with prior back surgery. MRI of the lumbar spine for uncomplicated low back pain, with radiculopathy, is not recommended until after at least one month conservative therapy, sooner if severe or progressive neurologic deficit. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, and recurrent disc herniation).

Indications for imaging -- Magnetic resonance imaging include thoracic spine trauma: with neurological deficit, lumbar spine trauma: trauma, neurological deficit, lumbar spine trauma: seat belt (chance) fracture (If focal, radicular findings or other neurologic deficit), uncomplicated low back pain, suspicion of cancer, infection, other "red flags" and uncomplicated low back pain, with radiculopathy, after at least 1 month conservative therapy, sooner if severe or progressive neurologic deficit. Uncomplicated low back pain, prior lumbar surgery, uncomplicated low back pain, cauda equina syndrome, myelopathy (neurological deficit related to the spinal cord), traumatic, myelopathy, painful, myelopathy, sudden onset, myelopathy, stepwise progressive, myelopathy, slowly progressive, myelopathy, infectious disease patient and myelopathy, oncology patient are also MRI recommended. In this case the patient has no history of tumor, infection, or any other red flags. In addition there is no documentation of significant change in symptoms. Therefore the request is not medically necessary.