

Case Number:	CM14-0202862		
Date Assigned:	12/15/2014	Date of Injury:	04/22/2014
Decision Date:	02/25/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	12/04/2014

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: California, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabn

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 patient is a 55 year old female with date of injury 04/22/14. The treating physician report dated 07/11/14 (12) indicates that the patient presents with pain affecting her bilateral wrists/hands, and bilateral arms. The patient states the pain is rated 5.5-6/10 in both arms. The pain interferes with her sleep, work, exercise routine, and occasionally with her daily routine and recreational activities. The physical examination of the wrists/hands reveals tenderness about the wrists and into the anterior forearm musculature. There is muscle guarding/spasm also noted in the anterior forearm musculature bilaterally. Loss of joint motion is noted with motion palpation of the bilateral wrist. Ranges of motion are restricted. The current diagnoses are: 1. Bilateral wrist sprain/strain 2. Bilateral carpal tunnel syndrome 3. Myalgia and myositis, unspecified 4. R/P Cubital tunnel syndrome The utilization review report dated 11/14/14 denied the request for an MRI based on the lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI to the lumbar spine without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287, 303.

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

Decision rationale: The patient presents with bilateral wrists, hands, and arm pain. The current request is for MRI to the lumbar spine without contrast. The treating physician report submitted with the documentation does not indicate reason for MRI (15) as part of the treatment plan. The MTUS guidelines do not address lumbar spine MRI scans. The ODG guidelines lumbar chapter indicates MRI scans for patients with lower back pain with radiculopathy, suspicion of cancer, infection and other red flags. The treater in this case has not presented any evidence of any progressive neurological deficit or red flags. There is no report of any back pain, spine trauma or myelopathy, there is only reports of new leg pain and numbness. There are no current neurologic deficits, no red flags and the ODG guidelines do not recommend MRI scans without at least one month of conservative therapy. The request is not medically necessary.