

Case Number:	CM15-0009502		
Date Assigned:	01/27/2015	Date of Injury:	03/16/2011
Decision Date:	04/20/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	01/16/2015

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: New York
 Certification(s)/Specialty: Internal Medicine

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 51 year old female, who sustained an industrial injury on 3/16/2011 when she slipped in a puddle of water and fell injuring her buttocks, right wrist and back. The diagnoses have included chronic neck and low back pain, cervical and low back sprain/strain, right wrist/hand sprain/strain, right knee sprain/strain, right knee pain, moderate depression and moderate anxiety. Treatment to date has included radiographic imaging, acupuncture, physiotherapy, multiple secondary treating providers, activity and work modifications, and medications. Currently, the IW complains of neck pain, low back pain and right knee pain. Objective findings included tenderness to palpation of the cervical spine, bilateral wrists, lumbar spine and bilateral knees. There is decreased range of motion of the cervical spine, bilateral wrists, lumbar spine and bilateral knees. On 12/19/2014, Utilization Review non-certified a request for magnetic resonance angiography (MRA) with and without contrast for the right wrist and right knee, and magnetic resonance imaging (MRI) with and without contrast for the cervical and lumbar spine noting that the clinical information submitted for review fails to meet the evidence based guidelines for the requested service. The MTUS, ACOEM and ODG were cited. On 1/16/2015, the injured worker submitted an application for IMR for review of MRA with and without contrast for the right wrist and right knee and MRI with and without contrast for the cervical and lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRA without and with contrast right wrist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG MRI Wrist.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): Special Studies and Diagnostic and Treatment Considerations, pg 268. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hand Chapter.

Decision rationale: MTUS and ODG recommend Magnetic resonance imaging (MRI) in the evaluation of chronic wrist pain only when plain films are normal and other conditions such as soft tissue tumors are suspected. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. Documentation reveals the injured worker has completed a previous MRI of the wrist and there is lack of evidence indicating a significant change in symptoms or clinical findings. The request for MRA without and with contrast right wrist is not medically necessary per guidelines.

MRA without and with contrast right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): Special Studies and Diagnostic and Treatment Considerations, pg 341. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter.

Decision rationale: Per guidelines, Magnetic resonance imaging (MRI) may be considered if posterior knee dislocation or ligament or cartilage disruption is suspected in the evaluation of soft tissue injuries. MRI should be reserved for situations in which further information is required for a diagnosis, and there is consideration for arthroscopy. Repeat MRIs are recommended in patients who have undergone meniscal repair if a residual or recurrent tear is suspected. The injured worker complaints of chronic bilateral knee pain. Documentation fails to reveal any red flags on physical examination or acute changes in symptoms that would warrant additional imaging. The request for MRA without and with contrast right knee is not medically necessary.

MRI without contrast cervical: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Special Studies and Diagnostic and Treatment Considerations, pg 177.

Decision rationale: MTUS recommends spine x rays in patients with neck pain only when there is evidence of red flags for serious spinal pathology. Imaging in patients who do not respond to treatment may be warranted if there are objective findings that identify specific nerve compromise on the neurologic examination and if surgery is being considered as an option. Documentation reveals that the injured worker has had a previous Cervical spine MRI. Physician reports fail to show definitive neurologic findings on physical exam that would meet the indication for additional imaging. The request for MRI without contrast cervical is not medically necessary.

MRI without contrast lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Special Studies and Diagnostic and Treatment Considerations, pg 303.

Decision rationale: MTUS recommends Lumbar spine x rays in patients with low back pain only when there is evidence of red flags for serious spinal pathology, even if the pain has persisted for at least six weeks. Imaging in patients who do not respond to treatment may be warranted if there are objective findings that identify specific nerve compromise on the neurologic examination and if surgery is being considered as an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Documentation fails to reveal any red flags on physical examination or acute changes in symptoms to justify ordering additional imaging. The request for MRI without contrast lumbar is not medically necessary by MTUS.