MAXIMUS Federal Services

Case Number:	CM15-0102266		
Date Assigned:	06/04/2015	Date of Injury:	02/04/2015
Decision Date:	07/13/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	05/27/2015

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: California, North Carolina
Certification(s)/Specialty: Family Practice

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 52-year-old female, with a reported date of injury of 09/11/2012. The diagnoses include tendinitis, contracture of the hand joint, complex regional pain syndrome, status post ulnar collateral ligament reconstruction of the right thumb, and scarring and neuroma of the radial sensory nerve right thumb. Treatments to date have included oral medications. The medical report dated 03/26/2015 indicates that the chief complaints were complex regional pain syndrome, type 2 of the upper limb; contracture of the joint of the hand, tendinitis, and complete regional pain syndrome, type 2. The injured worker said that she was not able to get her medication and has had a flare-up of her pain. She described the pain in her left hand and wrist as shooting, sharp, exhausting, and penetrating. The injured worker rated her pain 6 out of 10 usually; 4 out of 10 at its best; and 8 out of 10 at its worst. It was noted that with medication, she would get about 60-70% pain relief. The physical examination showed slight distress, redness and warmth of the right hand, good fine finger motor control in both upper extremities, increased grip strength on the right compared to the left, and hypersensitivity to touch to her hand. The medical report from which the request originates was not included in the medical records provided for review. The treating physician requested neurolysis/neuroma excision of the right radial nerve at the thumb metacarpophalangeal (MP) joint level.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (magnetic resonance imaging) of the lumbar spine without contrast: 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): 303-305.

Decision rationale: The CA MTUS states that unequivocal objective findings that identify specific nerve compromise on the neurologic exam are sufficient evidence to warrant imaging in patients who do not respond to conservative measures and who would consider surgery as an option. When the neurologic exam is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering imaging studies. In this case, the records reveal no evidence of progressive neurologic deficit or other red flags. The patient has normal reflexes, sensation and motor function. There is no pattern of dermatomal involvement suggesting a radiculopathy. Therefore, the request is deemed not medically necessary at this time.