

<b>Case Number:</b>	CM15-0140926		
<b>Date Assigned:</b>	07/30/2015	<b>Date of Injury:</b>	12/01/2014
<b>Decision Date:</b>	09/15/2015	<b>UR Denial Date:</b>	07/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/20/2015

### 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, Pennsylvania, Washington  
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 46 year old female with an industrial injury dated 12-01-2014. The mechanism of injury is documented as a fall striking her head against a metal table. Her diagnoses included carpal tunnel syndrome, wrist arthralgia, wrist sprain/strain and wrist contusion. Prior treatment included left ear surgery, Motrin and diagnostics. She presents on 06-09-2015 with pain in right wrist and hand. Physical exam noted slight tenderness and slightly positive Tinel sign and slightly positive Phalen sign in right wrist and right hand. There was decreased sensation in median sensory nerve. Treatment plan included home exercise program, medications, right wrist splint, EMG/NCV right upper extremity, right wrist and brain MRI and Neurontin with follow up in six weeks. The treatment request for EMG NCV right upper extremity was authorized. The treatment requests for review are: Wrist splint purchase, Right wrist MRI (Magnetic resonance imaging), Neurontin 100 mg (unspecified quantity), Brain MRI (Magnetic resonance imaging).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Brain MRI (Magnetic resonance imaging): 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), Head chapter- Magnetic resonance imaging (MRI).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation up-to-date: Concussion and mild traumatic brain injury.

**Decision rationale:** This injured worker has a history of head trauma with an injury sustained in 12/14. A brain CT obtained at that time was essentially normal with no acute injury, bleed, mid-line shift etc. There are no neurological symptoms documented or a change in her neurological exam to suggest new pathology related to her injury. Given a normal prior head CT and no change neurologically, the request is not medically necessary.

**Right wrist MRI (Magnetic resonance imaging):** 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), Forearm, Wrist and Hand chapter- Magnetic resonance imaging (MRI's).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 253-285.

**Decision rationale:** The request in this injured worker with chronic pain is for a MRI of the wrist. The records document a physical exam with pain with palpation of the wrist but no red flags or indications for immediate referral or imaging. There was no physical exam evidence of fracture, dislocation, infection, tumor, vascular or rapidly progressing neurologic compromise. A MRI can help to identify infection and minimally helpful to diagnose carpal tunnel syndrome. The worker already had a diagnosis of carpal tunnel syndrome. The request is not medically necessary.

**Neurontin 100mg (unspecified quantity):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drug (AEDs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-22.

**Decision rationale:** Per the guidelines, gabapentin (neurontin) has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. For chronic non-specific axial low back pain, there is insufficient evidence to recommend the use of gabapentin. After initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects. The medical records fail to document any improvement in pain, functional status or a discussion of side effects specifically related to gabapentin to justify use. The request is not medically necessary.

**Wrist splint purchase:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 264, 272.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 253-285.

**Decision rationale:** Splinting can be used as first-line conservative treatment for DeQuervain's syndrome, however it can also lead to weakness and stiffness. In this injured worker, the injury occurred months - a year prior to the request for splinting which would be considered beyond the first line treatment time frame. The medical records do not document the medical necessity for a splint for the wrist. The request is not medically necessary.