

Case Number:	CM15-0146328		
Date Assigned:	08/07/2015	Date of Injury:	11/13/2013
Decision Date:	09/09/2015	UR Denial Date:	07/03/2015
Priority:	Standard	Application Received:	07/28/2015

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 43-year-old male, who sustained an industrial injury on 11-13-13. He reported neck pain, low back pain, bilateral shoulder pain, and bilateral wrist pain. The injured worker was diagnosed as having lumbar musculoligamentous sprain and strain and status post right wrist fracture and left wrist sprain. Treatment to date has included physical therapy, a home exercise program, and medication. Physical examination findings on 6-17-15 included tenderness to palpation over bilateral paravertebral muscles, lumbosacral junction, and right sciatic notch. Straight leg raising was positive on the right eliciting numbness and tingling along the right L5 and S1 distributions. Decreased sensation was noted along the right L5 and S2 dermatomal distribution. Right wrist tenderness to palpation over the flexor and extensor tendon and carpals were noted. Grind test was positive. Currently, the injured worker complains of back and right wrist pain. The treating physician requested authorization for a diagnostic ultrasound study of the right wrist, a MRI of the lumbar spine, and a lumbar spine brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 diagnostic ultrasound study of the right wrist: 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 & Hand: ultrasound (diagnostic) (06/29/2015).

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 (ultrasound: diagnostic).

Decision rationale: ODG recommends diagnostic ultrasound for detecting tendon injuries. In this case, the patient had a right wrist ultrasound on 12/11/2014, which showed a healed distal radius fracture. No ligament, tendon or other soft tissue abnormalities were noted. Since 12/11/2014, no additional treatment for the wrist has been undertaken and subjective and objective findings are unchanged. Therefore, there is no rationale for an ultrasound of the wrist and the request is deemed not medically necessary.

1 MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 53.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: CA MTUS/ACOEM Guidelines state that unequivocal objective findings that identify specific nerve root compromise on the neurologic exam are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. In this case, the patient has chronic low back pain with new onset radiating numbness and tingling to the right leg with positive SLR and decreased sensation in the right L5-S1 dermatome. There is no evidence that any treatment has been prescribed for these new complaints. Since this patient has not had any conservative treatment (4-6 weeks), he is not a candidate for imaging in the absence of a red flag condition. Therefore, the request is not medically necessary.

1 lumbar spine brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: CA MTUS/ACOEM only recommend lumbar supports for fractures, spondylolithesis or documented instability. Lumbar supports are not recommended outside the acute phase of symptom relief. In this case, the injury was in 2013, far beyond the acute phase. There is no support for the braces long-term effectiveness. This patient does not have the above clinical conditions requiring a lumbar support. Therefore, the request for a lumbar support is not medically necessary or appropriate.