

Case Number:	CM15-0164567		
Date Assigned:	09/01/2015	Date of Injury:	07/14/2011
Decision Date:	10/05/2015	UR Denial Date:	07/21/2015
Priority:	Standard	Application Received:	08/21/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 68 year old male, who sustained an industrial injury on 7-14-11. The injured worker has complaints of left arm pain, left wrist pain and low back pain with lower left extremity radiating pain. The diagnoses have included lumbago; left forearm pain and left wrist pain. Treatment to date has included home H-wave; transcutaneous electrical nerve stimulation unit and chiropractic care. The request was for magnetic resonance imaging (MRI) of the lumbar spine and left wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI lumbar spine: 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): 303,304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back -MRIs (magnetic resonance imaging).

Decision rationale: MRI of the lumbar spine is not medically necessary per the MTUS and the ODG Guidelines. The MTUS recommends imaging studies are reserved for cases in which surgery is considered, or there is a red-flag diagnosis. The guidelines state that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment. The ODG recommends a lumbar MRI when there is a suspected red flag condition such as cancer or infection or when there is a progressive neurologic deficit. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, and recurrent disc herniation). The documentation submitted does not reveal progressive neurologic deficits, or a red flag diagnoses. There is no documentation how an MRI would alter this treatment plan. The request for MRI of the lumbar spine is not medically necessary.

MRI left wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand (Acute & Chronic)-MRI.

Decision rationale: MRI of the left wrist is not medically necessary per the MTUS Guidelines and the ODG. The MTUS does not support MRI prior to history/physical by a qualified specialist. The ODG states that an MRI can be ordered if there has been acute hand or wrist trauma with normal radiographs and suspicion of fracture; if there is a suspicion of gamekeeper injury (thumb MCP ulnar collateral ligament injury); soft tissue tumor, Kienbock's disease. The ODG does not support a repeat MRI except for a significant change in symptoms and/or findings suggestive of significant pathology. The documentation does not reveal evidence of a red flag findings or exam finding suggestive of one of the above diagnoses therefore this request is not medically necessary.