

Case Number:	CM15-0183041		
Date Assigned:	09/23/2015	Date of Injury:	02/07/2005
Decision Date:	10/28/2015	UR Denial Date:	08/30/2015
Priority:	Standard	Application Received:	09/17/2015

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: Arizona, California

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 64-year-old male who sustained an industrial injury 02-07-15. A review of the medical records reveals the injured worker is undergoing treatment for lumbar spine disc protrusion with radiculopathy and sprained left wrist. Medical records (08-17-15) reveal the injured worker complains of pain in the back, left wrist, and head, as well as stress, anxiety, depression sleep problems, and stomach pain. The pain is not rated. The physical exam (08-17-15) reveals tenderness over the radiocarpal join of the left wrist with full range of motion noted. Moderate spasm is noted over the paravertebral muscles with midline tenderness. Range of motion was noted to be "limited and painful" with tenderness noted at the sciatic notch. Prior treatment includes medications and injections. The original utilization review (08-30-15) non certified the request for MRIs of the left wrist and lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Summary, Special Studies.

Decision rationale: According to the ACOEM guidelines, an MRI of the lumbar spine is recommended for red flag symptoms such as cauda equina, tumor, infection, or uncertain neurological diagnoses not determined or equivocal on physical exam. There were no red flag symptoms. There was no plan for surgery. The claimant's symptoms are chronic and consistent with prior radiculopathy. The request for an MRI of the lumbar spine is not medically necessary.

MRI of the left wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Special Studies, Summary.

Decision rationale: In this case, the wrist exam was unremarkable at the time of the request. There were no x-rays to base the reason for another MRI. It is considered an option when ordered by a surgeon. However, there is no indication for plan for surgery. The symptoms are a recurrence of a prior injury rather than a new injury or any new acute neurological or musculoskeletal flare. The request is not a medical necessity.