

Case Number:	CM15-0198367		
Date Assigned:	10/13/2015	Date of Injury:	08/14/2015
Decision Date:	11/25/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	10/08/2015

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

Certification(s)/Specialty: Emergency 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 29 year old male, who sustained an industrial-work injury on 8-14-15. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar spine strain and sprain, bilateral hands fifth digit sprain and strain, and bilateral arm pain. Treatment to date has included starting chiropractic, physical therapy, mechanical traction, orthopedic consult, and other modalities. Medical records dated 8-31-15 indicate that the injured worker complains of pain in the low back, left forearm and bilateral pinky fingers and hands. Per the treating physician report dated 8-31-15 work status is temporarily totally disabled. The physical exam dated 8-31-15 reveals that the hands show moderate tenderness to palpation about both hands fifth digits. There is decreased range of motion of the bilateral fifth digits. The lumbar exam reveals moderate to severe tenderness of the paraspinal muscles. There is evidence of spasm noted. There is moderate hypertonicity of the lumbar spine. The range of motion of the lumbar spine is restricted and painful. The Kemp test is positive bilaterally; straight leg raise test is positive on the right at 40 degrees and on the left at 45 degrees and the Bechterew test is positive bilaterally. The sensory testing is intact bilaterally. The requested services included Magnetic Resonance Imaging (MRI) of the lumbar spine and Magnetic Resonance Imaging (MRI) of the bilateral hands. The original Utilization review dated 9-15-15 non-certified the request for Magnetic Resonance Imaging (MRI) of the lumbar spine and Magnetic Resonance Imaging (MRI) of the bilateral hands as not medically necessary.

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, Section(s): Special Studies.

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

Decision rationale: As per ACOEM Guidelines, imaging studies should be ordered in event of red flag signs of symptoms, signs of new neurologic dysfunction, clarification of anatomy prior to invasive procedure or failure to progress in therapy program. Patient does not meet any of these criteria. There are no documented red flag findings in complaints or exam. There is no noted new neurologic dysfunction. The requesting provider has failed to provide any basic conservative care before ordering this study for unknown reason. MRI of lumbar spine is not medically necessary.

MRI of the bilateral hands: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist & Hand (updated 6/29/15) MRI's (magnetic resonance imaging).

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

Decision rationale: As per MTUS ACOEM guidelines, for most patients presenting with true hand and wrist problems, special studies are not needed until after a four- to six-week period of conservative care and observation. Most patients improve quickly, provided red flag conditions are ruled out. Requesting provider has failed to provide any basic medical care at this time and has not documented any red flags before requesting this test for unknown reason. Not medically necessary.