MAXIMUS Federal Services

Case Number:	CM15-0199450		
Date Assigned:	10/14/2015	Date of Injury:	10/13/2014
Decision Date:	12/01/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	10/09/2015

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: Texas, 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:

This is a 45 year old female patient, who sustained an industrial-work injury on 10-13-14. She sustained the injury due to a fall from a step ladder. She reported initial complaints of pain to right wrist and right thumb. The diagnoses include neck sprain, lumbar sprain, and trigger finger. Per the doctor's note dated 8/10/15, she had complains of pain locking right thumb and pain to neck and low back. The physical examination revealed tender volar right thumb and tender paracervical lumbar region. Per the Primary treating office visit dated April 01, 2015 she had complaints of "right wrist pain." The medications list includes tramadol, Bupropion XL, Clonazepam, Seroquel, Hydrocodone and flexeril. She has had MRIs of lumbar and thoracic spine(as per the UR dated 9/11/2015); MRI right wrist dated 2/18/15; cervical spine X-ray dated 6/19/15, right wrist and hand X-ray dated 6/19/15, thoracic spine X-ray dated 6/19/15 and lumbar spine X-rays dated 6/19/2015 which revealed moderate discogenic spondylosis T12-L1 through L5-S1, severe degenerative facet joint arthrosis L3-S1, a grade 1 degenerative anterolisthesis of L5 on S1. Treatment to date has included medication, 8 acupuncture sessions to right wrist and 8 to lumbar region, 6 physical therapy sessions to lumbar and thoracic regions, diagnostics, 6 occupational therapy to the right hand, 6 chiropractic sessions for cervical-lumbar- thoracic regions, and spine surgeon consultation. The provided documentation did not offer any previous diagnostic results of a MRI of the lumbar spine. On September 04, 2015 a request was made for a MRI of the lumbar spine that was noncertified by Utilization Review on September 11, 2015.

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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment for Workers Compensation, Online Edition, 2015 Low back Chapter - Lumbar & Thoracic (Acute & Chronic).

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

Decision rationale: Per the ACOEM low back guidelines "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 and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computer tomography [CT] for bony structures)." A detailed recent lumbar spine examination is not specified in the records provided. The records provided do not specify any progression of neurological deficits for this patient. Evidence of red flags is not specified in the records provided. Evidence of an abnormal electrodiagnostic study with abnormal neurological findings is not specified in the records provided. Details regarding the previous lumbar spine MRI are not specified in the records provided. The request for an MRI of the Lumbar Spine is not medically necessary or fully established for this patient at this juncture.