

Case Number:	CM15-0200115		
Date Assigned:	10/15/2015	Date of Injury:	08/19/2015
Decision Date:	11/25/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/12/2015

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 58 year old male with a date of injury on 08-19-2015. The injured worker is undergoing treatment for contusion of the back and sprain-strain of the left wrist. A physician note dated 09-14-2015 documents the injured has left wrist pain and low back pain. He rates his left wrist pain as a 5 out of 10 and his lower back pain is rated 9 out of 10. There is midline tenderness to the lumbar spine and decreased range of motion. Straight leg raise was positive. Left wrist revealed tenderness on the dorsal aspect and decreased range of motion. On 09-16-2015, there was intermittent low back pain and left wrist pain. Left wrist pain was rated 5 out of 10 and low back pain was rated 9 out of 10. There were lumbar muscle spasms with midline tenderness and decreased range of motion. Treatment to date has included diagnostic studies, medications, 2 physical therapy sessions, and a home exercise program. She is taking Prilosec, Cyclobenzaprine, and Naproxen. The Request for Authorization dated 09-14-2015 includes Computed tomography (CT) scan of the left wrist, and Magnetic resonance imaging (MRI) of the lumbar spine, and left wrist. On 09-30-2015 Utilization Review non-certified the request for Computed tomography (CT) scan of the left wrist and Magnetic resonance imaging (MRI) of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic resonance imaging (MRI) of the lumbar spine: Overturned

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.

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. In this case, the claimant had progressive and persistent radiculopathy despite conservative care. A referral was made to a surgeon. Prior x-rays were non-diagnostic. The MRI would provide additional information to determine if a procedure would be necessary. The request for the lumbar MRI is appropriate.

Computed tomography (CT) scan of the left wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist, and Hand - Computed Tomography (CT).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) wrist chapter and pg 17.

Decision rationale: According to the guidelines: Indications for imaging -- Computed tomography (CT): Acute hand or wrist trauma, scaphoid fracture on films, concern for displacement or age of fracture. Acute hand or wrist trauma, comminuted distal radius fracture, suspect incongruity of joint. Acute hand or wrist trauma, suspect distal radioulnar joint subluxation- Acute hand or wrist trauma, suspect hook of the hamate fracture, initial radiographs normal or equivocal. Acute hand or wrist trauma, suspect metacarpal fracture or dislocation, if strong clinical concern exists following negative or equivocal plain film. Chronic wrist pain, pain for more than 3 weeks, suspect occult fracture possibly hamate, plain films non-diagnostic. In this case, x-rays were ordered and a referral was made to an Orthopedic surgeon. Neither were completed or information regarding them was not provided. The injury was not acute. As a result, the request for a CT of the wrist is not medically necessary.