

Case Number:	CM15-0207427		
Date Assigned:	10/26/2015	Date of Injury:	09/10/2008
Decision Date:	12/09/2015	UR Denial Date:	10/13/2015
Priority:	Standard	Application Received:	10/21/2015

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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 65 year old female who sustained an industrial injury on 09/10/2008. Medical records indicated the worker was treated for pain in the right wrist, myofascial pain syndrome, and lumbar spondylosis. In the provider notes of 09-22-2015, the injured worker complains of persistent right hand pain and low back pain with right leg radiation. Treatment has included right thumb repair surgery, laminectomy at right L4-S1, medications, physical therapy, and activity modification. On exam, the worker has tenderness to palpation of the L4- L5 and L5-S1 facet joints bilaterally. Axial loading maneuvers exacerbate the pain. There is allodynia over the dorsal and palmar aspect of the right hand, wrist, and forearm. She has limited range of motion of the lumbar paraspinals. Medications include prednisone, escitalopram, Metoprolol, Gralise, Linzess capsules, and fentanyl patches. The treatment plan included a lumbar median branch nerve block. A request for authorization was submitted for: 1. Bilateral (lumbar) L4-L5 and L5-S1 (sacroiliac) facet joint injection under IV sedation 2. MRI (magnetic resonance imaging), right hand. A utilization review decision 10/13/2015 approved the request for - Bilateral (lumbar) L4-L5 and L5-S1 (sacroiliac) facet joint injection under IV sedation, and non-certified - MRI (magnetic resonance imaging), right hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (magnetic resonance imaging), right hand: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines: Forearm, Wrist & Hand - MRI (magnetic resonance imaging).

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

Decision rationale: The MTUS Guidelines do not recommend the use of MRI as a routine evaluation tool for hand injuries as most recover quickly and can be diagnosed without imaging. In the absence of red flags, conservative therapy should be utilized for 6-8 weeks prior to imaging or special tests are considered. In this case, there is no evidence of red flags and there is no evidence of plain-film x-rays of the hand. The request for MRI (magnetic resonance imaging), right hand is determined to not be medically necessary.