

Case Number:	CM15-0039801		
Date Assigned:	03/10/2015	Date of Injury:	02/08/2013
Decision Date:	04/17/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	03/02/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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:

This 33-year-old female sustained an industrial injury to the neck, low back and upper and lower extremities on 2/8/13. On 6/15/13, the injured worker fell and exacerbated her previous injuries. Previous treatment included magnetic resonance imaging scans, physical therapy, acupuncture and medications. In a request for authorization dated 1/29/15, the injured worker complained of pain to the cervical spine, right wrist, right hand and lumbar spine, rated 7-9/10 on the visual analog scale. The injured worker also reported depression, anxiety, stress and sleep disturbances. Current diagnoses included cervical spine strain/sprain, cervical spine disc displacement, cervical spine myalgia, right wrist sprain/strain, right De Quervain's tenosynovitis, lumbar spine sprain/strain, rule out lumbar spine disc displacement, left hip strain/sprain, rule out left hip internal derangement, depression, anxiety and sleep disturbance. The treatment plan included magnetic resonance imaging cervical spine, magnetic resonance imaging arthrogram right wrist, magnetic resonance imaging lumbar spine, magnetic resonance imaging arthrogram left hip, internal medicine consultation, psychological consultation and a transcutaneous electrical nerve stimulator unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 MR (magnetic resonance) arthrogram of the left hip: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip & Pelvis.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MRI (magnetic resonance imaging) <http://www.odg-twc.com/index.html>.

Decision rationale: According to ODG guidelines, hip MRI recommended as indicated below. MRI is the most accepted form of imaging for finding avascular necrosis of the hip and osteonecrosis. (Koo, 1995) (Coombs, 1994) (Cherian, 2003) (Radke, 2003) MRI is both highly sensitive and specific for the detection of many abnormalities involving the hip or surrounding soft tissues and should in general be the first imaging technique employed following plain films. (American, 2003) (Chana, 2005) (Brigham, 2003) (Stevens, 2003) (Colorado, 2001) (Wild, 2002) (Verhaegen, 1999) (Scheiber, 1999) (Helenius, 2006) (Sakai, 2008) (Leunig, 2004) (Armfield, 2006) (Bredella, 2005) MRI seems to be the modality of choice for the next step after plain radiographs in evaluation of select patients with an occult hip fracture in whom plain radiographs are negative and suspicion is high for occult fracture. This imaging is highly sensitive and specific for hip fracture. Even if fracture is not revealed, other pathology responsible for the patient's symptoms may be detected, which will direct treatment plans. (Cannon, 2009) (Nelson, 2005) However, MRI of asymptomatic participants with no history of pain, injury, or surgery revealed abnormalities in 73% of hips, with labral tears being identified in 69% of the joints. (Register, 2012) This study highlights the limitations of radiography in detecting hip or pelvic pathologic findings, including fractures, as well as soft-tissue pathologic findings. MRI shows superior sensitivity in detecting hip and pelvic fractures over plain film radiography. (Kirby, 2010) While both MRI (0.5-3T) and MRA (0.5-3T) have moderate sensitivity and specificity (sensitivity 66%, 87%; specificity 79%, 64%), diagnostic accuracy of MRA appears to be superior to MRI in detecting acetabular labral tears on ROC curve interpretation. When magnetic resonance magnet strength was restricted to 1.5-T, the pooled sensitivity for MRI was 70% and the pooled specificity was 82%. The pooled sensitivity for MRA was 83% and the pooled specificity was 57%. (Smith, 2011) However, recent reports have shown similar accuracy when MRA is compared with MRI when an optimized hip protocol and 3.0-T magnets are used. (Register, 2012) (Sundberg, 2006) Indications for imaging Magnetic resonance imaging: Osseous, articular or soft-tissue abnormalities. Osteonecrosis Occult acute and stress fracture. Acute and chronic soft-tissue injuries. Tumors Exceptions for MRI Suspected osteoid osteoma (See CT). Labral tears (use MR arthrography unless optimized hip protocol and MRI with 3.0-T magnets. According to the patient chart, there is no documentation that the patient is suspected of having avascular hip necrosis or any other condition that requires a hip MRI. Therefore, the request for 1 MR (magnetic resonance) arthrogram of the left hip is not medically necessary. Labral tears (use MR arthrography unless optimized hip protocol and MRI with 3.0-T magnets. According to the patient chart, there is no documentation that the patient is suspected of having avascular hip necrosis or any other condition that requires a hip MRI. Therefore, the request for 1 MR (magnetic resonance) arthrogram of the left hip is not medically necessary.

1 MR (magnetic resonance) arthrogram of the right wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269.

Decision rationale: According to MTUS guidelines, there is no strong evidence supporting the use of MRI for wrist disorders. MRI have an ability to detect wrist infections. There is no clear evidence that the patient is suspected of having wrist infection. Therefore, the request is not medically necessary.

1 TENS (transcutaneous electrical nerve stimulation) unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Percutaneous Electrical Nerve Stimulation Page(s): 97.

Decision rationale: According to MUTUS guidelines, TENS is not recommended as primary treatment modality, but a one month based trial may be considered, if used as an adjunct to a functional restoration program. There is no evidence that a functional restoration program is planned for this patient. Furthermore, there is no clear information about a positive one month trial of TENS. There is no recent documentation of recent flare of her pain. The provider should document how TENS will improve the functional status and the patient's pain condition. Therefore, the prescription of TENS unit is not medically necessary.