

Case Number:	CM15-0050879		
Date Assigned:	03/24/2015	Date of Injury:	08/16/2011
Decision Date:	05/01/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	03/17/2015

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, New York, 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic hand, wrist, and back pain reportedly associated with an industrial injury of August 16, 2011. In a Utilization Review report dated February 26, 2015, the claims administrator failed to approve requests for MRI imaging of the right wrist, MRI imaging of the left wrist, and x-ray imaging of the thoracic spine. An RFA form received on January 29, 2015 was referenced in the determination, along with an associated progress note dated January 28, 2015. The applicant's attorney subsequently appealed. In a progress note dated January 28, 2015, the applicant reported multifocal complaints of low back, neck, mid back, elbow, and wrist pain. It was suggested that the applicant had returned to alternate employment. The note comprised almost entirely of preprinted checkboxes. Twelve sessions of chiropractic manipulative therapy, x-rays of the mid and low back, and MRI imaging of the wrist and hand were endorsed through usage of preprinted checkboxes. The applicant was asked to follow up in five weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of right wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272.

Decision rationale: No, the request for MRI imaging of the wrist was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 11, Table 11-7, page 272 does acknowledge that usage of MRI scans prior to evaluation by a qualified specialist is "optional," in this case, however, little-to-no applicant-specific information or narrative commentary accompanied the RFA form. It was not stated what was sought. It was not stated what was suspected. It was not stated how the proposed wrist MRI would influence or alter the treatment plan. The January 28, 2015 progress note comprised almost entirely of preprinted checkboxes. The fact that multiple MRI and plain film studies were concurrently sought, furthermore, significantly reduced the likelihood of the applicant's acting on the results of the wrist MRI and/or consider any kind of surgical intervention based on the outcome of the same. Therefore, the request was not medically necessary.

MRI of left wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272.

Decision rationale: Similarly, the request for MRI imaging of the left wrist was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 11, Table 11-7, page 272 does acknowledge that MRI imaging of the wrist is "optional" prior to evaluation by a qualified specialist, in this case, however, it was not stated what was sought. It was not stated what was suspected. Little-to-no applicant-specific rationale or narrative commentary accompanied the Request for Authorization. The January 28, 2015 progress note, on which the article in question was proposed comprised almost entirely of preprinted checkboxes. It was not stated how the wrist MRI in question would influence or alter the treatment plan. Therefore, the request was not medically necessary.

X-ray of thoracic spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

Decision rationale: Finally, the request for x-rays of the thoracic spine was likewise not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline

in ACOEM Chapter 8, Table 8-8, page 182, the routine usage of imaging studies of the neck and/or upper back in the absence of red flags is deemed "not recommended." Here, again, it was not clearly stated what was sought. It was not clearly stated what was suspected. The January 28, 2015 progress note in question comprised almost entirely of preprinted checkboxes. Narrative rationale and/or narrative commentary were not furnished so as to augment the request in question. Therefore, the request was not medically necessary.