

<b>Case Number:</b>	CM14-0114753		
<b>Date Assigned:</b>	09/24/2014	<b>Date of Injury:</b>	08/14/2012
<b>Decision Date:</b>	11/05/2014	<b>UR Denial Date:</b>	07/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 56-year-old male who reported an injury on 08/14/2012. The mechanism of injury was due to continuous use of his hands while doing his work duties. The injured worker has diagnoses of right carpal tunnel syndrome, positive ulnar tunnel or cubital tunnel syndrome. Past medical treatment consists of chiropractic therapy, a TENS unit, physical therapy, and medication therapy. The injured worker underwent x-rays of the right hand and wrist, demonstrating ulnar neutral variance and no evidence of any arthritic changes with normal appearing intercarpal alignment, and no evidence of any cortical or trabecular abnormalities. Carpal tunnel view was intact without any pisotriquetral changes. It was noted on 08/29/2014 that the injured worker's physical examination was unchanged, so referenced progress note dated 07/03/2014, which noted on physical examination that the injured worker had full range of motion of his elbows, wrists, and digits. He had intact strength in his APL, APB, and first dorsal interosseous muscles. The injured worker was able to make a full composite grasp without difficulty. Carpal compression testing was distinctly positive. Tinel's was somewhat equivocal. The injured worker had numbness and tingling into his long and ring digits. He did not appear to have ulnar nerve subluxation at the elbow, and had a negative Tinel's overlying the ulnar nerve at the elbow. The injured worker had mild tenosynovial thickening, but no evidence of any crepitus. The medical treatment plan was for the injured worker to undergo an MRI of the lumbar spine without dye, and the use of a proton pump inhibitor. The rationale and Request for Authorization form were not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI lumbar spine without dye:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), pain chapter

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

**Decision rationale:** The request for MRI lumbar spine without dye is not medically necessary. The request for MRI lumbar spine is non-certified. The California MTUS/ACOEM Guidelines state that unequivocal objective findings identifying specific nerve compromise on the neurologic exam are sufficient evidence to warrant imaging in injured workers who do not respond to treatment. However, it is also stated that when the neurologic exam is less clear, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. The included documentation failed to show evidence of significant neurologic deficits on physical examination. There was no indication that the injured worker had any complaints of the lumbar spine. Additionally, the documentation failed to show that the injured worker had tried and failed an adequate course of conservative treatment. Furthermore, there was no rationale provided to warrant the request of an MRI of the lumbar spine. In the absence of documentation showing the failure of initially recommended conservative care, including active therapies and neurologic deficits on physical exam, an MRI is not supported by the referenced guidelines. As such, the request is not medically necessary.