

Case Number:	CM14-0164553		
Date Assigned:	10/09/2014	Date of Injury:	08/08/2013
Decision Date:	11/05/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	10/07/2014

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 Occupational Medicine, 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 22-year-old female who sustained work-related injuries on August 8, 2013 while performing her usual and customary job duties as a general helper. The injured worker was seen by the treating physician for initial comprehensive pain management consultation on May 15, 2014. She complained of pain in her lower back with intensity of 9/10 that radiated to her lower extremities. She also complained of left ankle pain aggravated with any type of weight-bearing. The injured worker additionally complained of pain in her wrists. On examination of the cervical and lumbar spine, tenderness was present over the posterior musculature with increased muscle rigidity. Numerous trigger points were also palpable and tender throughout the paraspinal muscles. Ranges of motion were restricted with obvious muscle guarding. Sensation was diminished along the posterior lateral thigh and lateral calf along the L5-S1 distribution. Straight leg raising test was positive, bilaterally. An examination of the wrists demonstrated tenderness. Minimal tenderness was present over the left ankle. Trigger point injections were administered. She was reevaluated on June 19, 2014 and primarily complained of lower back pain that radiated to her lower extremities with pain level of 9/10, aggravated by bending, twisting and turning. She reported that her medications including Ultram ER and Anaprox had provided her with minimal relief only. Objective findings remained unchanged. Trigger point injections were again administered. In her follow-up visit on August 14, 2014, her complaints and physical examination findings remained the same. On September 2, 2014, the injured worker was seen for initial orthopedic evaluation with complaints of occasional pain in her right wrist and right knee, as well as constant pain in her left knee that radiated to her shin extending to her ankle, in her left wrist that radiated to her fingers with clicking and tingling, and in her left ankle. She also complained of constant pain in her mid back extending to her tailbone. An examination of the elbows revealed positive bilateral tennis elbow tests. Examination of the

hands and wrists revealed tenderness over the bilateral wrist flexion and extension creases, as well as positive Phalen's and Durkan's median compression tests. A lumbar spine examination demonstrated muscle guarding and spasm and tenderness over the paravertebral musculature. An examination of her knees revealed limited flexion range of motion with popping, crepitus and locking, tender medial joint line, and positive McMurray's test. An examination of her ankles demonstrated tenderness over the lateral aspect of the left ankle and positive anterior drawer sign on the left side. Electrodiagnostic testing was done September 12, 2014 and findings revealed evidence of mild acute L5 radiculopathy on the left side. The injured worker returned on September 19, 2014 with ongoing pain in her lower back that radiated to her lower extremities. There was no change in her objective findings. Trigger point injections were administered.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the bilateral wrists: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC), Forearm, Wrist, & Hand Procedure Summary

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

Decision rationale: Based on reports from May 15, 2014 to September 19, 2014, the injured worker has only had tenderness over her wrists. In the absence of specific objective findings indicative of clinical pathology, magnetic resonance imaging (MRI) scan is therefore not needed. The American College of Occupational and Environmental Medicine (ACOEM) Guidelines specified that imaging studies to clarify the diagnosis may be warranted if the medical history and physical examination suggest specific disorders. An examination done on September 2, 2014 noted tenderness over the bilateral wrist flexion and extension creases, as well as positive Phalen's and Durkan's median compression tests. The treating physician however recommended the injured worker to undergo physical therapy. On that note, the injured worker's response to such treatment must first be documented before proceeding with an imaging study. Since conservative care were not yet exhausted. The requested magnetic resonance imaging (MRI) scan of the wrists is therefore not medically necessary. The American College of Occupational and Environmental Medicine (ACOEM) Guidelines state that special studies are not needed until after a 4- to 6-week period of conservative care and observation.

MRI of the bilateral knees: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC), Knee and Leg Procedure Summary

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343.

Decision rationale: The injured worker had no complaints regarding her knees until she was examined on September 2, 2014. Therefore, before considering comprehensive evaluation through magnetic resonance imaging (MRI) study, the recommended physical therapy must first be carried out. The American College of Occupational and Environmental Medicine (ACOEM) Guidelines note that special studies are not needed to evaluate most knee disorders until after a period of conservative care and observation. The request is not medically necessary.

MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC), Low Back Procedure Summary

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, MRIs (magnetic resonance imaging)

Decision rationale: The injured worker had already undergone magnetic resonance imaging (MRI) scan of the lumbar spine on November 14, 2013 which revealed 2.3 millimeter disc protrusion with annular tear and right neural foraminal narrowing in L5-S1. Objective findings based the treating provider's reports were essentially unchanged. In the absence of progressive neurological deficit, repeat imaging study is therefore not medically necessary. The Official Disability Guidelines specified that repeat magnetic resonance imaging (MRI) should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, recurrent disc herniation). Moreover, the American College of Occupational and Environmental Medicine (ACOEM) Guidelines stipulated that unequivocal objective findings that identify specific nerve compromise on neurologic examination are sufficient evidence to warrant imaging in injured workers who do not respond to treatment. Since examination did not identify any neurological dysfunction, the proposed imaging study is therefore not reasonably indicated. The request is not medically necessary.

MRI of the left ankle: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372-373. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC), Ankle & Foot Procedure Summary

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372-373.

Decision rationale: According to the physical examination, the injured worker had no change in her findings and still had minimal tenderness over her left ankle. On the other hand, examination of the injured worker's left ankle demonstrated tenderness over the lateral aspect and positive anterior drawer sign. Since there was no indication that the injured worker had already received

adequate treatment to her left ankle, it would therefore be prudent to monitor first the injured worker's response to the recommended physical therapy before considering imaging study. The American College of Occupational and Environmental Medicine (ACOEM) Guidelines specified that for most cases presenting with true foot and ankle disorders, special studies are usually not needed until after a period of conservative care and observation. The request is not medically necessary.