

Case Number:	CM14-0056021		
Date Assigned:	07/09/2014	Date of Injury:	09/23/2011
Decision Date:	05/27/2015	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	04/25/2014

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. 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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 58-year-old male, who sustained an industrial injury on 09/23/2011. He has reported subsequent neck, low back and bilateral wrist pain and was diagnosed with chronic neck and low back pain syndrome secondary to disc bulges, severe spinal stenosis, osteophytes, left wrist fracture and carpal tunnel of the left forearm. Treatment to date has included oral pain medication, chiropractic therapy and acupuncture. In a progress note dated 03/17/2014, the injured worker complained of neck, low back, bilateral wrist and left testicular pain. Objective findings were notable for tenderness to palpation of the cervical and lumbar paraspinal muscles, decreased range of motion, tenderness to palpation of the left wrist, positive Tinel's sign and restricted range of motion of the left wrist due to pain. A request for authorization of an MRI of the lumbar spine and 8 sessions of physical therapy of the left wrist was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the Lumbar Spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: According to the ACOEM guidelines, an MRI of the lumbar spine is recommended for red flag symptoms such as cauda equina, tumor, infection, or uncertain neurological diagnoses not determined or equivocal on physical exam. There were no red flag symptoms. There was no plan for surgery. In this case, the claimant had a prior MRI in 8/2013 which was of poor quality as noted by a neurosurgeon on 1/15/14 but did show degenerative changes and lumbar stenosis. Since the surgeon cannot determine surgical necessity without a more definitive MRI, the request is medically necessary.

Physical Therapy (8-sessions for the left wrist): Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hand Chapter and page 28.

Decision rationale: In this case, the claimant had a prior EMG consistent with carpal tunnel syndrome/ Medical treatment includes 31-3 visits. There is no indication that additional therapy cannot be performed at home. The request for 8 sessions is excessive and not medically necessary.