

Case Number:	CM15-0014504		
Date Assigned:	02/03/2015	Date of Injury:	03/27/2007
Decision Date:	03/30/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	01/26/2015

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, Ohio, 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 49-year-old [REDACTED] employee who has filed a claim for chronic wrist, neck, shoulder, and elbow pain reportedly associated with an industrial injury of March 27, 2007. In a January 7, 2015 Utilization Review Report, the claims administrator failed to approve a request for MRI imaging of the wrist, cervical spine, elbow, shoulder, and lumbar spine. The claims administrator referenced an RFA form of December 29, 2014 in its determination, along with an associated progress note of December 5, 2014. The applicant's attorney subsequently appealed. In a December 8, 2014 progress note, the applicant received a number of dietary supplements, topical compounds, and oral suspensions, including ketoprofen containing cream, cyclobenzaprine, Synapryn, Tabradol, Deprizine, Dicopanol, and Fanatrex. Muscle spasms, shoulder pain, elbow pain, and paresthesias were also evident. Pain complaints were scored at 6-8/10. Ancillary complaints of knee pain, low back pain, and elbow pain were noted. The attending provider stated that the applicant had had prior carpal tunnel release surgeries and had residual paresthesias associated with the same. Positive Tinel and Phalen signs were noted at the wrist. The applicant also exhibited slightly diminished motor strength about the upper extremities secondary to pain. Motor strength about the lower extremities was also somewhat diminished secondary to pain. A positive McMurray's maneuver was noted about the knee. Electrodiagnostic testing of the bilateral upper and bilateral lower extremities was endorsed, along with the topical compounds at issue. MRI studies of numerous body parts, and extracorporeal shockwave therapy were endorsed while the applicant was kept off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI right wrist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Indications for Imaging, MRI

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

Decision rationale: 1. No, the request for MRI imaging of the wrist was not medically necessary, medically appropriate, or indicated here. The attending provider stated that the applicant's primary diagnosis insofar as the wrist was concerned was carpal tunnel syndrome. The applicant was status post left and right carpal tunnel release surgeries. The applicant apparently had residual paresthesias about the wrist associated with the same. However, the MTUS Guideline in ACOEM Chapter 11, Table 11-6, page 269 notes that MRI imaging scored a 1/4 in its ability to identify and define suspected carpal tunnel syndrome, i.e., the diagnosis reportedly present here. The attending provider did not furnish any clear or compelling applicant-specific rationale or narrative commentary so as to support usage of MRI imaging for diagnosis for which it is not well rated in identifying, namely carpal tunnel syndrome. Therefore, the request was not medically necessary.

MRI cervical spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183.

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

Decision rationale: 2. Similarly, the request for MRI imaging of the cervical spine was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 182 does acknowledge that MRI imaging of the cervical spine is recommended to help validate a diagnosis of nerve root compromise, based on clear history and physical exam findings, in preparation for an invasive procedure. In this case, however, the applicant's presentation was not clearly suggestive of cervical radiculopathy. The multifocal nature of the applicant's pain complaints, which included the wrist, elbows, shoulders, knees, low back, etc., argues against the presence of any bona fide, focal cervical radicular process. There was, furthermore, neither an explicit statement nor an implicit expectation that the applicant would act on the results of proposed cervical MRI and/or consider surgical intervention based on the outcome of the same. The fact that multiple different imaging studies were concurrently ordered significantly reduce the likelihood of the applicant's acting on the

results of any particular imaging study and/or act on the results of the same. Therefore, the request was medically necessary.

MRI left wrist: 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) -TWC Magnetic Resonance Imaging (MRI)

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

Decision rationale: 3. The request for MRI imaging of the left wrist was likewise not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 11, Table 11-6, page 269, MRI imaging scored a 1/4 in its ability to identify and define suspected carpal tunnel syndrome, the diagnosis reportedly present here. The applicant has a history of prior left and right carpal tunnel release surgeries. The attending provider's December 8, 2014 progress note was thinly and sparsely developed, highly templated, and did not furnish a clear or compelling rationale for selection of MRI imaging as the imaging study of choice for a diagnosis for which it is poorly rated, per ACOEM Chapter 11, Table 11-6, page 269. Therefore, the request was not medically necessary.

MRI right elbow: 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) -TWC Magnetic Resonance Imaging (MRI)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): Elbow Complaints 33.

Decision rationale: 4. Similarly, the request for MRI imaging of the right elbow was likewise not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guidelines in ACOEM Chapter 10, page 33, criteria for ordering imaging studies include evidence that an imaging study result will substantially alter or change the treatment plan in individuals whom there is an agreement to undergo an invasive treatment if a surgically correctable lesion is identified. Here, however, the multifocal nature of the applicant's complaints, coupled with the fact that multiple different MRI imaging studies were concurrently ordered, significantly reduce the likelihood of the applicant's acting on the results of any one particular MRI study and/or consider surgical intervention based on the outcome of the same. The attending provider did not, furthermore, make an explicit statement that the applicant would consider surgical intervention based on the outcome of the proposed elbow MRI. Therefore, the request was not medically necessary.

MRI right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 214.

Decision rationale: 5. Similarly, the request for MRI imaging of the right shoulder was likewise not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 9, Table 9-6, page 214, the routine usage of shoulder MRI imaging or arthrography without surgical indications is deemed 'not recommended.' Here, as with the preceding request, the attending provider did not explicitly state that the applicant would act on the results of the proposed shoulder MRI and/or consider surgical intervention based on the outcome of the same. The fact that multiple different MRI studies were concurrently ordered significantly reduce the likelihood of the applicant's acting on the results of any one particular study and/or consider surgical intervention based on the outcome of the same. Therefore, the request was not medically necessary.

MRI lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304.

Decision rationale: 6. Finally, the request for lumbar MRI imaging was likewise not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, page 304, imaging studies should be reserved for cases in which surgery is being considered and/or red flag diagnoses are being evaluated. Here, however, there was neither an explicit statement (nor an implicit statement) the applicant would act on the results of the first lumbar MRI and/or consider surgical intervention based on the outcome of the same. The fact that six different MRIs studies were concurrently ordered significantly reduce the likelihood of the applicant's acting on the results of any one particular study and/or consider surgical intervention based on the outcome of the same. Therefore, the request was not medically necessary.