

<b>Case Number:</b>	CM15-0017496		
<b>Date Assigned:</b>	02/05/2015	<b>Date of Injury:</b>	01/03/2013
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	01/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/29/2015

### 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: New Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 injured worker is a 64 year old male, who sustained an industrial injury on 1/3/2013. The diagnoses have included carpal tunnel syndrome, wrist pain and radial styloid tenosynovitis. Treatment to date has included surgical intervention and pain medications. Surgical history included right ankle fracture repair and bilateral carpal tunnel release. According to the progress report dated 10/24/2014, the injured worker complained of bilateral wrist pain. He reported that medications were working well. He was able to perform activities of daily living with pain medications. It was noted that the injured worker was also being followed for back/knees in a separate case. Current medications included Norco, Voltaren Gel, Gabapentin and Naprosyn. Physical exam revealed a normal gait and normal motor and sensory exam. On 1/6/2015, Utilization Review (UR) non-certified a request for magnetic resonance imaging (MRI) of the lumbar spine, left hip and bilateral knees without contrast. The Medical Treatment Utilization Schedule (MTUS) was cited.

### 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 without contrast:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** Regarding the indications for imaging in case of back pain, MTUS guidelines stated: Lumbar spine x rays should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least six weeks. However, it may be appropriate when the physician believes it would aid in patient management. Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computer tomography [CT] for bony structures) . Furthermore, and according to MTUS guidelines, MRI is the test of choice for patients with prior back surgery, fracture or tumors that may require surgery. The patient does not have any clear evidence of new lumbar nerve root compromise. There is no clear evidence of significant change in the patient signs or symptoms suggestive of new pathology. Therefore, the request for lumbar MRI is not medically necessary.

**MRI of the left hip without contrast:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG 12th Edition (web 2014)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MRI (magnetic resonance imaging) <http://www.odg-twc.com/index.html>

**Decision rationale:** According to ODG guidelines, MRI of the hip -Recommended as indicated below. MRI is the most accepted form of imaging for finding avascular necrosis of the hip and osteonecrosis. (Koo, 1995) (Coombs, 1994) (Cherian, 2003) (Radke, 2003) MRI is both highly sensitive and specific for the detection of many abnormalities involving the hip or surrounding soft tissues and should in general be the first imaging technique employed following plain films. (American, 2003) (Chana, 2005) (Brigham, 2003) (Stevens, 2003) (Colorado, 2001) (Wild, 2002) (Verhaegen, 1999) (Scheiber, 1999) (Helenius, 2006) (Sakai, 2008) (Leunig, 2004) (Armfield, 2006) (Bredella, 2005) MRI seems to be the modality of choice for the next step after plain radiographs in evaluation of select patients with an occult hip fracture in whom plain radiographs are negative and suspicion is high for occult fracture. MRI is indicated in case of: - Indications for imaging -- Magnetic resonance imaging:-Osseous, articular or soft-tissue abnormalities-Osteonecrosis-Occult acute and stress fracture-Acute and chronic soft-tissue

injuries-TumorsExceptions for MRI:Suspected osteoid osteoma (See CT)-Labral tears (use MR arthrography unless optimized hip protocol and MRI with 3.0-T magnets)There is no documentation that the patient developed osteonecrosis, tumors, stress fracture or any other indication for hip MRI. Therefore, the request is not medically necessary.

**MRI of the bilateral knee without contrast:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** According to MTUS guidelines, MRI has a low ability to identify pathology for regional pain. However it has high ability to identify meniscus tear, ligament strain, ligament tear, patella-femoral syndrome, tendinitis and bursitis. The patient does not have any evidence of the pathology that could be identified with MRI. The patient most recent knee examination performed on January 13 2014 was normal. Therefore, the request for MRI Bilateral Knees Is Not Medically Necessary.