

<b>Case Number:</b>	CM15-0114273		
<b>Date Assigned:</b>	06/25/2015	<b>Date of Injury:</b>	04/27/2012
<b>Decision Date:</b>	07/24/2015	<b>UR Denial Date:</b>	05/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/12/2015

### 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, New York, 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 53-year-old who has filed a claim for chronic hand, wrist, and forearm pain reportedly associated with an industrial injury of April 27, 2012. In a Utilization Review report dated May 27, 2015, the claims administrator failed to approve a request for MRI imaging of the left hand. The applicant's attorney subsequently appealed. On June 1, 2015, the applicant reported ongoing issues with shoulder, thumb, hand, and wrist pain. The applicant was given a diagnosis of status post shoulder injury with resultant CRPS of the left upper extremity. Unspecified pain medications and physical therapy were appealed. There was no mention of the hand MRI in question. On April 20, 2015, the applicant reported ongoing complaints of hand, wrist, forearm, and shoulder pain. Diffuse tenderness about the hand and thumb were reported. The applicant had apparently had MRI imaging of the left hand and wrist without contrast dated February 11, 2015 which was described as demonstrating a flexion deformity of all fingers of the left hand. In a handwritten Doctor's First Report (DFR) dated January 16, 2015, the applicant was placed off of work, on total temporary disability. MRI imaging of the hand and wrist were endorsed, along with electrodiagnostic testing of the upper extremity. The applicant was given a presumptive diagnosis of complex regional pain syndrome.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of left hand:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRPS, diagnostic criteria; CRPS, diagnostic criteria; Functional MRI Page(s): 35; 37; 49.

**Decision rationale:** No, the request for MRI imaging of the hand was not medically necessary, medically appropriate, or indicated here. The primary stated diagnosis here was that of complex regional pain syndrome (CRPS). As noted on page 35 of the MTUS Chronic Pain Medical Treatment Guidelines, however, there are no gold standard diagnostic criteria for complex regional pain syndrome (CRPS), i.e., the operating diagnosis here. Page 37 of the MTUS Chronic Pain Medical Treatment Guidelines suggests, however, that diagnostic testing procedures which can be employed to establish a diagnosis of complex regional pain syndrome (CRPS) include plain film radiography, a triple-phase bone scan, diagnostic sympathetic block, thermography, or an autonomic test battery. Page 37 of the MTUS Chronic Pain Medical Treatment Guidelines does not, thus, establish a role for MRI imaging in the diagnosis of complex regional pain syndrome (CRPS). Page 49 of the MTUS Chronic Pain Medical Treatment Guidelines also notes that functional MRI testing is not recommended as it does not have a role in the evaluation and treatment of applicants. Thus, neither page 37 nor page 49 of the MTUS Chronic Pain Medical Treatment Guidelines establishes a role for MRI imaging in the diagnosis of complex regional pain syndrome (CRPS), the diagnosis suspected here. The attending provider's progress notes above failed to set forth a clear or compelling rationale for selection of this particularly modality in the face of the unfavorable MTUS positions on the same for the diagnosis in question. Therefore, the request was not medically necessary.