

<b>Case Number:</b>	CM15-0028502		
<b>Date Assigned:</b>	02/20/2015	<b>Date of Injury:</b>	06/26/2012
<b>Decision Date:</b>	04/03/2015	<b>UR Denial Date:</b>	01/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/16/2015

### 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 York  
 Certification(s)/Specialty: Internal 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 57 year old female, who sustained an industrial injury on June 26, 2012. The diagnoses have included shoulder sprain/strain, left elbow epicondylitis, and pain in joint forearm, wrist sprain/strain, trigger finger and carpal tunnel syndrome. A progress note dated January 7, 2015 provided the injured worker complains of back and wrist pain. Physical exam notes lumbar-sacral tenderness and bilateral wrist tenderness with right hand middle and ring finger trigger and left thumb trigger. On January 20, 2015 utilization review non-certified a request for magnetic resonance imaging (MRI) of lumbar spine and magnetic resonance imaging (MRI) of bilateral wrists. The Medical Treatment Utilization Schedule (MTUS) American College of Occupational and Environmental Medicine (ACOEM) guidelines were utilized in the determination. Application for independent medical review (IMR) is dated February 4, 2015.

### 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:** Upheld

**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): 304.

**Decision rationale:** Per CA MTUS Guidelines, MRI of the LS spine is indicated if there is unequivocal evidence of nerve compromise, failed therapy trial or red flags present on physical exam. The claimant is maintained on medical therapy and there are neurologic findings present on exam consistent with nerve compromise. There is no documentation of failed therapy or evidence of red flag findings such as increased radiculopathy, bowel or bladder incontinence. There is no documentation of any planned surgery or interventional procedures. Medical necessity for the requested service has not been established. The requested service is not medically necessary.

**MRI of the bilateral wrists:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 269. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Indications for imaging.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Indications for Imaging of the Wrist.

**Decision rationale:** There is no documentation provided necessitating the requested MRI studies of the bilateral wrists. ODG states that MRI of the wrist is indicated for acute hand or wrist trauma when various fractures or injuries are suspected. In this case, is no evidence of previous plain x-ray studies. The documentation indicates that there may be evidence of carpal tunnel syndrome on exam with positive Tinel and Phalen signs bilaterally. There are no specific indications for the requested MRI studies as there is no documentation of failed therapy or any red flag findings on physical exam. Medical necessity for the requested items has not been established. The requested items are not medically necessary.