

Independent Medical Review Final Determination Letter

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[REDACTED]
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[REDACTED]

Dated: 12/31/2013

IMR Case Number:	CM13-0018132	Date of Injury:	01/11/2013
Claims Number:	[REDACTED]	UR Denial Date:	08/09/2013
Priority:	STANDARD	Application Received:	08/29/2013
Employee Name:	[REDACTED]		
Provider Name:	[REDACTED] M.D		
Treatment(s) in Dispute Listed on IMR Application:			
PLEASE REFERENCE UTILIZATION REVIEW DETERMINATION LETTER			

DEAR [REDACTED]

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: PARTIAL OVERTURN. This means we decided that some (but not all) of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations, [REDACTED]

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery, and is licensed to practice in California. 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 physician 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/services.

DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 56-year-old gentleman injured in a work-related accident January 11, 2013 with unclear mechanism. Recent assessment of September 3, 2013 indicates progressively worsening neck pain with radiating pain to the shoulders and bilateral arms. The claimant was noted to be status post a left carpal tunnel release of April 25, 2013, for which he is attending therapy. Left hand numbness has subsided since surgery. There also continues to be low back pain that radiates to the left leg.

The treating physician, Dr. [REDACTED] states that MRI scans and electrodiagnostic studies of the upper and lower extremities have been denied by the insurance company. Objectively, there was noted to be hypoesthesias bilaterally from C6 through T1 with weakness of 3/5 with bilateral wrists and 4/5 with bilateral elbow assessment. The lumbosacral spine was noted to be with +2 spasm and tenderness, hypoesthesias to the lower extremities in an L4 through S1 dermatomal distribution, and manual muscle strength at 4/5 to the left lower extremity. The claimant's diagnosis was that of cervical and lumbar strains rule out radiculitis, status post left carpal tunnel release.

MRI scans of the cervical spine, lumbar spine, and bilateral wrists were recommended for further definitive diagnostic interpretation.

IMR DECISION(S) AND RATIONALE(S)

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

1. 1 MRI of the upper extremity joint with Gadolinium with 3D rendering and interpretation between 8/8/2013 and 9/22/2013 is not medically necessary and appropriate.

The Claims Administrator based its decision on the Official Disability Guidelines (ODG), Forearm, Wrist, & Hand chapter, Online Version, Magnetic Resonance Imaging (MRI) for carpal tunnel or unspecified wrist pain, which is not part of the MTUS.

The Physician Reviewer based his/her decision on the Forearm, Wrist, and Hand Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11), Table 11-6, pages 268-269, which is part of the MTUS, and the Official Disability Guidelines (ODG), TWC, 17th Edition, 2012 updates, forearm, wrist, and hand procedure, which is not part of the MTUS.

The Physician Reviewer's decision rationale:

California ACOEM and MTUS guidelines support MRI of the forearm/wrist/hand in cases of suspected infection and carpal tunnel syndrome (1 + in identifying wrist pathology in CTS) though they are not specific with respect to 3 D imaging. While the claimant is noted to be status post carpal tunnel release, there are no documented physical examination findings that would indicate infection or other pathology that would support imaging in the form of an MRI of the upper extremity. Official Disability Guidelines also do not support imaging in the absence of suspected pathology such as tumor, acute injury, Kienbock's disease, etc. The claimant's last clinical presentation of September 3, 2013 with Dr. ████████ does not demonstrate significant objective findings to the wrist that would support or warrant further testing. The request in this case would not be indicated. **The request for 1 MRI of the upper extremity joint with Gadolinium with 3D rendering and interpretation between 8/8/2013 and 9/22/2013 is not medically necessary and appropriate.**

2. 1 MRI of the cervical spine with Gadolinium with 3D rendering and interpretation between 8/8/2013 and 9/22/2013 is medically necessary and appropriate.

The Claims Administrator based its decision on the Neck and Upper Back Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 8), Cervical & Thoracic Spine disorders, which is part of the MTUS.

The Physician Reviewer based his/her decision on the Neck and Upper Back Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 8) page 165, and 177-178, which is part of the MTUS.

The Physician Reviewer's decision rationale:

Based on California ACOEM guidelines which state that "Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist", a cervical MRI scan would be warranted. Dr. ████████ last clinical assessment of September 3, 2013 clearly indicates both subjective and objective findings of weakness and sensory change to the upper extremities in dermatomal aligned fashions. The role of further imaging to the neck to further assess these physical examination findings would appear to be medically necessary. **The request for 1 MRI of the cervical spine with Gadolinium with 3D**
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rendering and interpretation between 8/8/2013 and 9/22/2013 is medically necessary and appropriate.

3. 1 MRI of the lumbar spine with Gandolinium with 3D rendering and interpretation between 8/8/2013 and 9/22/2013 is medically necessary and appropriate.

The Claims Administrator based its decision on the Low Back Complaints (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12), Low Back Disorders, MRI, which is part of the MTUS.

The Physician Reviewer based his/her decision on the Low Back Complaints (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12) pages 287 & 303, which is part of the MTUS.

The Physician Reviewer's decision rationale:

Based on California ACOEM guidelines which state that "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", an MRI to the lumbar spine would also be medically necessary. Recent assessment of September 3, 2013 with Dr. [REDACTED] indicates significant weakness and sensory changes in the lower extremities that would support a radicular process. No prior MRI scan is documented to have been performed in this case. The role of imaging at this stage in the claimant's treatment course would appear medically necessary. **The request for 1 MRI of the lumbar spine with Gandolinium with 3D rendering and interpretation between 8/8/2013 and 9/22/2013 is medically necessary and appropriate.**

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.

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