

<b>Case Number:</b>	CM13-0032619		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	09/09/2011
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	09/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2013

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, 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 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 59-year-old female who has submitted a claim for shoulder impingement, enthesopathy of hip, achilles tendinitis or bursitis, and enthesopathy of wrist associated with an industrial injury date of 9/9/2011. Medical records from 4/8/2013 up to 9/5/13 were reviewed showing chronic pain in her left ankle, left hip, right hip, and shoulders bilaterally. Patient is markedly unable to perform her ADLs. She complains of constant nagging pain in the lower back that is sharp, shooting, throbbing, and burning with radiations to left leg and foot, 7-9/10 in severity. Pain is aggravated by coughing and sneezing. Physical examination showed the patient visibly uncomfortable. She has an antalgic gait with significant discomfort on dorsiflexion and plantar flexion of the left ankle against gravity. She is using crutches to ambulate. Discomfort is also noted on flexion and extension of hips against gravity bilaterally. There was spasm and tenderness over the upper trapezium, paravertebral musculature, and interscapular area. Impingement and Hawkins signs were positive bilaterally. There was tenderness over the distal radius and the carpus bilaterally. Phalen and reverse Phalen tests were positive bilaterally. MRI of the left ankle taken on 9/5/2013 showed 1) no evidence of fracture or contusion 2) full thickness longitudinal tear of the inframalleolar portion of the peroneus brevis tendon, which was noted previously as well. Treatment to date has included physical therapy, acupuncture, TENS, Lexapro, Norco, tramadol, and Neurontin. Utilization review from 9/10/2013 denied the request for EMG/NCV OF BILATERAL LE, MRI WITHOUT INTRA - ARTICULAR CONTRAST OF LEFT ANKLE, PAIN MANGAGEMENT TO R/O RSD, and TRIPLE PHASE BONE SCAN TO R/O RSD OF LEFT ANKLE. Regarding the EMG/NCV, there were no signs of neurological issues and the subjective pain is out of proportion to objective findings which does not constitute radiculopathy or peripheral neuropathy. As for the MRI, there were no noted abnormalities of the left ankle such as cellulitis, swelling, deformity, or instability. As for the

pain management referral, the patient has chronic pain condition. There is no treatment for these conditions that will resolve or significantly improve her pain. As for the Triple Phase Bone Scan of the left ankle, a bone scan is not indicated given the date of injury of 2011.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **EMG/NCV OF BILATERAL LE: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES - ELECTRODIAGNOSTIC TESTING (EMG/NCS)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back chapter, Nerve conduction studies (NCS)

**Decision rationale:** According to page 303 of CA MTUS ACOEM Low Back Chapter, the guidelines support the use of electromyography (EMG) to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks. As per ODG, the management of spine trauma with radicular symptoms, EMG/nerve conduction studies (NCS) often have low combined sensitivity and specificity in confirming root injury, and there is limited evidence to support the use of often uncomfortable and costly EMG/NCS. In this case, the patient has chronic pain in her left ankle, left hip, and right hip. Patient is markedly unable to perform her ADLs. She complains of constant nagging pain in the lower back that is sharp, shooting, throbbing, and burning with radiations to left leg and foot. Upon physical examination, there was no significant evidence of neurologic dysfunction. Patient reported discomfort only and neurologic exam was intact. Therefore the request for EMG/NCV OF BILATERAL LE is not medically necessary.

#### **MRI WITHOUT INTRA - ARTICULAR CONTRAST OF LEFT ANKLE: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES: MAGNETIC RESONANCE IMAGING

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372-374. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Foot and Ankle Chapter, Magnetic Resonance Imaging

**Decision rationale:** Pages 372 to 374 of CA MTUS ACOEM Guidelines state that disorders of soft tissue (such as tendinitis, and metatarsalgia) yield negative radiographs and do not warrant other studies, e.g., magnetic resonance imaging (MRI). ODG states that ankle MRI is indicated with chronic ankle pain, pain of uncertain etiology, and when plain films are normal. In this case, the patient does complain of left ankle pain. It was noted in PR dated 7/1/13 that prior x-rays and MRIs were taken however, the results were not available for review. MRI of the left ankle taken

on 9/5/2013 showed 1) no evidence of fracture or contusion, and 2) full thickness longitudinal tear of the inframalleolar portion of the peroneus brevis tendon, which was noted previously as well. There is no clear indication for a repeat MRI at this time. Therefore the request for another MRI WITHOUT INTRA - ARTICULAR CONTRAST OF LEFT ANKLE is not medically necessary.

**PAIN MANGAGEMENT TO R/O RSD: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 35-36. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page(s) 127, 156

**Decision rationale:** According to pages 127 & 156 of the ACOEM Guidelines referenced by CA MTUS, consultations are recommended, and a health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the plan or course of care may benefit from additional expertise. As per CA MTUS Chronic Pain Medical Treatment Guidelines, characteristics of CRPS include: as a) Sensory: hyperesthesia, (b) Vasomotor: temperature asymmetry or skin color changes or asymmetry, (c) Sudomotor/edema: edema or sweating changes or sweating asymmetry, or (d) Motor/trophic: reports of decreased range of motion or motor dysfunction (weakness/tremor or dystonia) or trophic changes: hair, nail, skin. In this case, the patient is suffering from chronic pain. Pain management was requested to r/o CRPS however, the patient does not exhibit the typical signs and symptoms of CRPS such as hyperesthesia, temperature changes, asymmetry, or trophic changes. Therefore the request for PAIN MANGAGEMENT TO R/O RSD is not medically necessary.

**TRIPLE PHASE BONE SCAN TO R/O RSD OF LEFT ANKLE: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES BONE SCAN IMAGING

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle, Bone Scan (Imaging)

**Decision rationale:** CA MTUS does not specifically address bone scan of the ankle. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. ODG states that bone scans may be utilized to rule out: (1) tumor; (2) stress fractures in chronic cases; (3) infection; and (4) complex regional pain syndrome/CRPS-I, if plain films are not diagnostic. In this case, the patient does have chronic pain syndrome. She also has left ankle pain. It was noted in PR dated 7/1/13 that prior x-rays of the left ankle were taken however the results were not available for review. MRI of the left ankle taken on 9/5/2013 showed 1) no

evidence of fracture or contusion, and 2) full thickness longitudinal tear of the inframalleolar portion of the peroneus brevis tendon, which was noted previously as well. There was no evidence of CRPS. Therefore the request for TRIPLE PHASE BONE SCAN TO R/O RSD OF LEFT ANKLE is not medically necessary.