

Case Number:	CM13-0037484		
Date Assigned:	12/13/2013	Date of Injury:	11/21/2011
Decision Date:	02/03/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	10/23/2013

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 Occupational Medicine 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. 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of November 21, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; and prior lumbar discectomy. In a utilization review report of October 6, 2013, the claims administrator denied a request for an MRI of the hip and pelvis, an x-ray of the hip and pelvis, and electrodiagnostic testing of the left lower extremity. The applicant's attorney later appealed. On October 7, 2013, it was noted that the applicant underwent an L4-L5 decompression discectomy for left L5 radiculopathy two years prior. The applicant then developed persistent left lower extremity radicular symptoms. The applicant's gait is mildly antalgic. He does have diminished strength involving the left lower extremity, although there appears to be some element of weakness. A recent lumbar MRI shows only very minimal disk bulging at L4-L5. Electrodiagnostic testing is sought to try and determine whether or not there is a residual radiculopathy. The attending provider states that he wants to order x-rays and an MRI of the hip to rule out any early hip pathology. Also reviewed is a July 2, 2013 electrodiagnostic testing report in which the applicant is diagnosed with moderate right and left-sided carpal tunnel syndrome and a moderate left lumbar radiculopathy at L5 with acute and chronic denervation potentials.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of left hip/pelvis: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 176-180.

Decision rationale: The MTUS does not address the topic. As noted in the third edition ACOEM Guidelines, MRI imaging of the hip is recommended for diagnosing suspected osteonecrosis and/or other forms of sub acute or chronic hip pain when specific soft tissue pathology is suspected. MRI imaging is not recommended for routine evaluation of other chronic hip pathologies such as degenerative joint disease. In this case, however, no clear diagnosis or differential diagnosis has been set forth by the attending provider. There is no evidence of or suspicion of osteonecrosis or other soft tissue pathology for which MRI imaging on the hip would be endorsed by ACOEM. It appears that all of the applicant's left hip and left lower extremity issues are in fact referable to the lumbar spine. MRI imaging is not needed to diagnose hip pain referable to the lumbar spine, as appears to be present here. Therefore, the request is not certified.

X-ray of left hip/pelvis: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 197-200, 201, 202-207.

Decision rationale: Again, the MTUS does not address the topic. While the third edition ACOEM Guidelines do support x-rays as the most basic of anatomic tests to evaluate hip pain, in this case, as with the proposed hip MRI, all of the applicant's pathology is seemingly referable to the lumbar spine. There is little or no mention made of osteonecrosis, hip arthritis, or any pathology referable to the hip for which plain film imaging of the hip would be indicated. Therefore, the request is not certified.

Electromyography (EMG)/Nerve Conduction Velocity (NCV) left lower extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: The attending provider set forth this request on a progress note of October 7, 2013. However, the applicant had already underwent prior electrodiagnostic testing on July 2, 2013 which did definitively establish a diagnosis of moderate left lumbosacral radiculopathy at L5 with both chronic and acute elements. Therefore, repeat testing, by definition, is superfluous. While the MTUS-adopted ACOEM Guidelines in chapter 12 and the third edition ACOEM Guidelines do support EMG and/or NCS testing to try and establish a diagnosis of subtle lumbar

radiculopathy and/or generalized peripheral neuropathy or peroneal compression neuropathy which could mimic sciatica, in this case, the applicant has already had positive electrodiagnostic testing, referenced above, in July 2013. A diagnosis of lumbar radiculopathy has already been established. Therefore, the request remains non-certified, on independent medical review.