MAXIMUS Federal Services

Case Number:	CM13-0040524		
Date Assigned:	12/20/2013	Date of Injury:	12/07/2010
Decision Date:	06/30/2014	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	10/29/2013

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 & Rehabilitation and is licensed to practice in Illinois. 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 injured worker is a 57-year-old male who reported an injury on 12/07/2010 secondary to an unknown mechanism of injury. The injured worker was evaluated on 09/30/2013 for reports of left groin and low back pain. The exam noted pain on rotation of the left hip, flexion at 75 to 80 degrees and tenderness of the low back and the left side of the lumbar area. The diagnoses included left hip femoroacetabular impingement and status post right L4-5 and L5-S1 lumbar decompression. The treatment plan included an MRI of the left hip with contrast, an MRI of the lumbar spine, neurological studies of the lower extremities and physical therapy. The Request for Authorization dated 09/30/2013 without a rationale for the requests was in the documentation provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE MAGNETIC RESONANCE IMAGING OF THE LEFT HIP WITH CONTRAST: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Hip and Pelvis, MRI (magnetic resonance imaging).

Decision rationale: The Official Disability Guidelines may recommend an MRI of the hip when there are indications of osseous, articular or soft tissue abnormalities, osteonecrosis, occult, acute and stress fractures, acute and chronic soft tissue injuries or tumors after failed attempts of conservative therapies, such as physical therapy and NSAIDs. There is a significant lack of clinical evidence of osseous, articular soft tissue abnormalities, osteonecrosis, occult, acute and stress fractures, acute and chronic soft tissue injuries or tumors. There is also a significant lack of evidence of prior conservative therapies, such as physical therapy and NSAIDs and/or their efficacy. The Official Disability Guidelines further state that repeat MRI is not routinely recommended and should be reserved for significant changes in symptoms and/or findings suggestive of significant pathology. There is evidence of a prior MRI on 12/26/2012, which revealed no significant degenerative joint disease involving the left hip. There was a significant lack of indication of new symptoms or red flags to warrant a repeat imaging study. Therefore, based on the documentation provided, the request is not medically necessary.

ONE MAGNETIC RESONANCE IMAGING OF THE LUMBAR SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE 2ND EDITION (2004), CHAPTER 12,

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Low back, MRIs (magnetic resonance imaging).

Decision rationale: The California MTUS/ACOEM Guidelines state that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in injured workers who do not respond to treatment and who would consider surgery an option. When the neurological examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminate imaging will result in false positive findings, such as disc bulges, that are not the source of painful symptoms and do not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant as to the selection of an imaging test to define a potential cause. The Official Disability Guidelines further state that repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. There is evidence of a prior MRI in February, noting disc disease status post discectomy and facet arthropathy. There is no clinical evidence of changes since the prior MRI or of objective findings to indicate nerve compromise. There was also a significant lack of evidence of the efficacy of prior conservative therapies, such as physical therapy and medications. Therefore, based on the documentation provided, the request is not medically necessary.

ELECTROMYOGRAPHY STUDIES OF THE BILATERAL LOWER EXTREMITIES: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE 2ND EDITION (2004), CHAPTER 12,

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The request for electromyography studies of the bilateral lower extremities is non-certified. The California MTUS/ACOEM Guidelines state that electromyography (EMG), including H-reflex tests, may be used to identify subtle, focal neurological dysfunction in injured workers with low back symptoms lasting more than 3 or 4 weeks; however, there is no clinical evidence to indicate nerve compromise or response to conservative therapies, such as physical therapy or medications. Therefore, based on the documentation provided, the request is non-certified.

NERVE CONDUCTION STUDIES OF THE BILATERAL LOWER EXTREMITIES: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE 2ND EDITION (2004), CHAPTER 12,

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back, Nerve conduction studies (NCS).

Decision rationale: The request for nerve conduction studies of the bilateral lower extremities is non-certified. The Official Disability Guidelines do not recommend nerve conduction studies when the injured worker is presumed to have symptoms on the basis of radiculopathy. There is a significant lack of clinical findings to indicate nerve compromise or a response to conservative therapies, such as physical therapy or medications. Therefore, based on the documentation provided, the request is non-certified.

ONE PRESCRIPTION OF AMBIEN 10 MG #30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain, Zolpidem (Ambien®).

Decision rationale: The request for 1 prescription of Ambien 10 mg #30 is non-certified. The Official Disability Guidelines may recommend zolpidem for short-term (2 to 6 weeks) use for the treatment of insomnia. There is a significant lack of clinical evidence of insomnia in the

documentation provided. Therefore, based on the documentation provided, the request is non-certified.