MAXIMUS Federal Services

Case Number:	CM13-0050359		
Date Assigned:	12/27/2013	Date of Injury:	05/23/2011
Decision Date:	03/31/2014	UR Denial Date:	10/14/2013
Priority:	Standard	Application Received:	11/13/2013

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 Physical Medicine and 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 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 patient is a 57-year-old female who reported an injury on October 27, 2005. The mechanism of injury was a fall. The initial injury was to the patient's knee and lower back, and she was prescribed a knee brace and immobilizer, physical therapy, and medications. Although the patient's neck and back complaints seemed to have resolved within a month, the knee continued to be painful. An MRI of the left knee was performed, but no results were discussed within the medical records. The patient returned to her regular job duties in December 2005 with only mild persistent symptoms. Over the years, the patient experienced intermittent flare-ups of knee and back pain requiring time off work, and she self-treated with heat, ice, and ibuprofen. In 2011, the patient began to experience a new onset of lower extremity symptoms to include spasm and weakness. An MRI of the lumbar spine performed on June 01, 2011, revealed a large right paracentral disc herniation at L4-5 compressing the right L4 nerve root. She again was prescribed physical therapy and received epidural injections; however, her symptoms persisted. The patient's condition has worsened and she now suffers from chronic, debilitating pain. A more recent MRI performed on April 29, 2013 showed sacralization of L5 with disc space narrowing at L4-5. The patient was recently recommended for scanograms to determine leg length discrepancy, which she apparently has had since birth, and in turn, to determine the amount of abnormal stress on pelvic tilt.

IMR ISSUES, DECISIONS AND RATIONALES

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

Scan-O-Gram of the Right Lower Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Jamaluddin, S., Sulaiman, A. R., Kamarul Imran, M., Juhara, H., Ezane, M. A., & Nordin, S. (2011). Reliability and accuracy of the tape measurement method with a nearest reading of 5 mm in the assessment of leg length discrepancy. Singapore medical journal, 52(9),

Decision rationale: The California MTUS/ACOEM Practice Guidelines and the Official Disability Guidelines do not specifically address the use of scanograms; therefore, current medical literature was supplemented. Scanograms are used to determine leg length discrepancy in patients who may be suffering from this condition. Current medical literature came from a 2011 study, which revealed that tape measurement methods were just as reliable and accurate as scanograms, in determining leg length discrepancies. This study showed that there was excellent agreement among the measurements using the tape measure method and scanogram methods. As the clinical note dated November 09, 2013 detailed the patient's leg measurements, it is unclear why a scanogram is being requested. In addition, the clinical notes did not detail the plan after the leg measurements would be obtained, and as medical literature states the tape measurement method is equivalent in determining discrepancies, the need for this treatment has not been established. As such, the request for scanogram of the right lower extremity is non-certified.

Scan-O-Gram of the Left Lower Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Jamaluddin, S., Sulaiman, A. R., Kamarul Imran, M., Juhara, H., Ezane, M. A., & Nordin, S. (2011). Reliability and accuracy of the tape measurement method with a nearest reading of 5 mm in the assessment of leg length discrepancy. Singapore medical journal, 52(9),

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