MAXIMUS Federal Services

Case Number:	CM14-0004675		
Date Assigned:	01/22/2014	Date of Injury:	02/15/2012
Decision Date:	07/31/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/10/2014

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 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 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 44-year-old female who has filed a claim for pelvic pain associated with an industrial injury date of February 15, 2012. Review of progress notes indicates neck pain, low back pain diffusely radiating down the left gluteal region and foot, and left leg pain with occasional numbness of the left hip/low back. Findings include antalgic gait, decreased range of motion of the cervical and lumbar spines, left hip, and left shoulder abduction due to pain; tenderness over the left hip, left shoulder, and cervical and lumbar regions; lumbar spasms; positive Faber test; decreased motor strength of the left shoulder and proximal left leg due to pain; and mild decrease in sensation in the left distal lower extremity. X-rays from the cervical spine, left hip, pelvis, and left shoulder from February 2012 were noted to be normal. Left lower extremity venous duplex study dated August 21, 2013 was negative for DVT. Patient is working with modified duties. Treatment to date has included physical therapy, acupuncture, opioids, NSAIDs, gabapentin, and muscle relaxants. Utilization review from December 26, 2013 denied the requests for pelvic MRI as there were limited findings regarding the hip; ultrasound of the left calf as there were no indications to re-suspect DVT; and EMG/NCS of the lower extremity as there was limited neurological deficit findings or previous therapies.

IMR ISSUES, DECISIONS AND RATIONALES

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

PELVIS MRI: 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 Official Disability Guidelines (ODG) Hip and Pelvis chapter, MRI (magnetic resonance imaging).

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. According to ODG, MRI of the hip/pelvis is indicated for osseous, articular, or soft-tissue abnormalities; osteonecrosis; occult acute and stress fracture; acute and chronic soft tissue injuries; and tumors. MRI should be the first imaging technique employed following plain films. In this case, recent progress notes only report tenderness over the left hip. There are no significant deficits referable to the left hip to support this request. Therefore, the request for pelvic MRI was not medically necessary.

ULTRASOUND LEFT CALF: 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 Official Disability Guidelines (ODG) Knee and Leg chapter, Ultrasound, diagnostic.

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. According to ODG, diagnostic ultrasound of the lower extremity is recommended as guidance for knee joint injections. There is no discussion regarding knee joint injections in this patient. Although this patient has a history of DVT, the patient was placed on anticoagulation therapy and was monitored until resolution of DVT in 2012. A left lower extremity venous duplex study performed in August 2013 was negative for DVT. The necessity for this procedure has not been established at this time. Therefore, the request for ultrasound left calf was not medically necessary.

EMG LEFT LOWER EXTREMITY: Upheld

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

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, EMGs (electromyography).

Decision rationale: As stated on page 303 of the ACOEM Low Back Guidelines referenced by CA MTUS, EMGs are indicated to identify subtle, focal neurologic dysfunction in patients with

low back symptoms lasting more than three to four weeks. In addition, ODG states that EMGs may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious. In this case, the patient presents with low back pain radiating to the gluteal region and left lower extremity, but diffusely and not in a dermatomal pattern. There are no findings to support presence of radiculopathy in this patient. Also, there is no indication as to why a quantity of 3 EMGs is necessary at this time. Therefore, the request for electromyography left lower extremity qty 3 was not medically necessary.

NCS LEFT LOWER EXTREMITY: 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 Official Disability Guidelines (ODG) Low Back chapter, Nerve conduction studies (NCS).

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. According to ODG, nerve conduction studies are not recommended when a patient is presumed to have symptoms on the basis of radiculopathy. In this case, there is no documentation regarding the distribution of the radiation of pain or of lower extremity sensory deficit. Additional information is necessary to support this request. Therefore, the request for nerve conduction studies left lower extremity was not medically necessary.