

<b>Case Number:</b>	CM14-0137645		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	03/19/2014
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	08/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2014

### 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 General Preventive Medicine and is licensed to practice in Indiana. 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:

This employee is a 39 year old female with date of injury of 3/19/2014. A review of the medical records indicate that the patient is undergoing treatment for lower back strain, lumbosacral spondylosis, lumbago, and sciatica. Subjective complaints include pain his left hip and left lower back and left shoulder. Objective findings include tenderness along lumbar and left SI joint; decreased range of motion in low back; positive straight leg raise; MRI findings: mild degenerative disc bulges at every level; borderline central spinal canal stenosis at L4-L5. Treatment has included Toradol, Tramadol, Meloxicam, and physical therapy. The utilization review dated 8/19/2014 non-certified a pelvic MRI, bone scan, and EMG of the left lower extremity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI OF THE 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:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hips and Pelvis

(Acute and Chronic), MRI (magnetic resonance imaging) Other Medical Treatment Guideline or Medical Evidence: ACOEM V.3, Hip and Groin Disorders, Diagnostic Testing, MRI

**Decision rationale:** MTUS silent regarding MRI of hips. ODG states "Recommended as indicated below. MRI is the most accepted form of imaging for finding avascular necrosis of the hip and osteonecrosis." And further outlines the following indications for MRI "Osseous, articular or soft-tissue abnormalities, Osteonecrosis, Occult acute and stress fracture, Acute and chronic soft-tissue injuries, Tumors". ACOEM version 3 has three recommendations for MRI of hip:1) MRI is recommended for select patients with subacute or chronic hip pain with consideration of accompanying soft tissue pathology or other diagnostic concerns.2) MRI is recommended for diagnosing osteonecrosis.3) MRI is not recommended for routine evaluation of acute, subacute, or chronic hip joint pathology, including degenerative joint disease. Medical documents do not indicate concerns for avascular necrosis, osteonecrosis, stress fracture, or soft-tissue abnormalities of the left hips. The treating physician does not document any conditions or concerns that meet ODG or ACOEM guidelines. As such, the request for MRI of the pelvis is not medically necessary.

**BONE SCAN:** 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:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Bone Scan

**Decision rationale:** MTUS is silent on bone scans. ODG state the following regarding bone scans: "Not recommended, except for bone infection, cancer, or arthritis. [Note: This is different from the 1994 AHCPR Low Back Guideline, which said "Recommend if no improvement after 1 month" for Bone scan.] Bone scans use intravenous administration of tracer medications to show radioactive uptake to detect metastases, infection, inflammatory arthropathies, significant fracture, or other significant bone trauma." The medical records provided do not cite any evidence of bone infection, cancer, arthritis, or other significant bone trauma. The request for a bone scan is not medically necessary.

**EMG/NCS LEFT LOWER EXTREMITY:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), EMG, NCV

**Decision rationale:** ACOEM recommends "Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks." ODG further states that EMG is "Recommended as an option (needle, not surface). EMGs (electromyography) may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious." Physical exam findings by either the treating physician or the physical therapist do not indicate an radiculopathy. There is no discussion about a possible nerve injury. Therefore, EMG/NCS of the left lower extremity is not medically necessary.