

<b>Case Number:</b>	CM14-0156124		
<b>Date Assigned:</b>	10/28/2014	<b>Date of Injury:</b>	12/03/2012
<b>Decision Date:</b>	12/04/2014	<b>UR Denial Date:</b>	08/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2014

### 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 Anesthesiology; has a subspecialty in Pain Medicine and is licensed to practice in Connecticut. 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:

After careful review of the medical records, this is a 52-year-old male with complaints of low back, bilateral hips and left knee pain. The date of injury is 12/03/12 and the mechanism of injury was fall on back, tailbone and arm while carrying a ladder. At the time of request for 1 nerve studies of lower extremities and 1 injection cortisone for left knee, there is subjective complaints as per the report of 10/02/14 (persistent pain rated at 7-8/10, back pain, spasms and tingling in the low back, avoids taking oral medications and prefers topical measures, waking up by pain, and depressed at times due to chronic pain) and objective (lumbar flexion at 50 degrees and extension at 15 degrees, left lower extremity extension to 175 degrees and flexion to 110 degrees, use of cane and steady gait.) findings, imaging/other findings (Hip MRI dated 12/16/13 revealed bilateral inguinal hernias and sigmoid diverticulosis. L-spine MRI dated 02/11/14 revealed 2.4 mm central focal disc protrusion that abuts the thecal sac at L3-4, 2 mm central focal disc protrusion that abuts the thecal sac and posterior annular tear/fissure at L3-4 and Schmorl's nodes at T11-L3. Left knee MRI dated 02/11/14 revealed metallic artifact within the distal femoral diaphysis and medial soft tissue, quadriceps and pes anserine tendinosis, suprapatellar and tibiofemoral joint effusion and subchondral cyst within the lateral tibial plateau.), current medications (none documented), diagnoses (resolved right elbow strain, chronic discogenic low back pain, chronic knee pain without objective findings, chronic sacrococcygeal contusion/strain with chronic focal pain, chronic discogenic back pain with L4-5 annular tear and posterior chemically mediated pain, and chronic left hip DJD with pain and loss of ROM), and treatment to date (EMG/NCV approved in 2013, left shoulder surgery in 2000, back and knee brace, coccygeal injection in 2013 without benefit, PT, facet joint MBB, intraarticular injection, ESI injections with minimal benefit, pain medications, ice, heat and

TENS unit). The request for 1 nerve studies of lower extremities and 1 injection cortisone for left knee were denied on 08/27/14 and 10/01/14.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **1 Nerve studies of lower extremities: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Guidelines (ODG) Pain(Chronic), Electrodiagnostic testing

**Decision rationale:** Per ODG treatment guidelines, electrodiagnostic testing is helpful in localizing the source of neurological symptoms and establishing the diagnosis of nerve entrapment such as radiculopathy. However, it is not necessary and redundant if clinically it is obvious that a radiculopathy is present. Furthermore, NCS are not recommended while EMG (needle not surface) may be beneficial in determining cervical and lumbar radiculopathy. Finally, there is no documentation in the medical records provided that supports any neurological findings in the right upper extremity. Therefore, EMG as well NCS of the lower extremity as requested is not medically necessary.

#### **1 Injection Cortisone for left knee: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation (ODG) Knee&Leg (Acute & Chronic).

**Decision rationale:** Per ODG Evidenced-Based Decision Support, Corticosteroid injections into the knee are recommended only for short term use. Evidence supports short term (up to 2 weeks) improvement in symptoms of osteoarthritis of the knee after intra-articular corticosteroid injection. The number of injections should be limited to three. Therefore, the request for repeat knee injection is medically necessary.