

<b>Case Number:</b>	CM15-0181627		
<b>Date Assigned:</b>	09/22/2015	<b>Date of Injury:</b>	08/14/2013
<b>Decision Date:</b>	11/03/2015	<b>UR Denial Date:</b>	08/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California, Hawaii  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 58 year old male, who sustained an industrial injury on 8-14-2013. The injured worker was diagnosed as having cervical spine disc bulge, lumbar spine disc bulge, lumbar spine anterolisthesis, right shoulder internal derangement, left shoulder internal derangement, and right leg strain. Treatment to date has included diagnostics, "physical modalitis", and medications. An Initial Evaluation Report (5-28-2015) documented lower back pain as the chief orthopedic complaint. Other complaints included neck pain, bilateral shoulder pain, and right leg pain. He reported numbness of the right foot and low back pain was non-radiating. X-rays of the low back were "over three months ago" and magnetic resonance imaging of this area was "in 08-2014 or 10-2014". X-rays of the right leg were "over three months ago" and magnetic resonance imaging of this area was "in 5-2014 or 6-2014". The results from previous radiographic diagnostic testing were not noted and reports were not submitted. Exam noted diffuse lumbar tenderness, negative straight leg raise testing, reflexes 2 in the bilateral patella and Achilles, diffuse right leg tenderness, and orthoses to the right ankle-foot arthrosis. Neurological exam representative L4-S1 light touch sensation was intact. His work status was total temporary disability. Currently (8-11-2015), the injured worker complains of pain in his neck, lower back, right and left shoulders, and right leg. Physical exam noted intact light touch sensation to the right mid anterior thigh, right lateral calf, and right lateral ankle. No additional objective findings were documented on 8-11-2015. He was instructed to remain off work for the next 6 weeks. The treatment plan included electromyogram of the lower extremity, x-ray of the right lower extremity (antero-posterior and lateral views to include both

knees and ankles), and magnetic resonance imaging of the right lower extremity, non-certified by Utilization Review on 8-24-2015.

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

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

#### **1 Electromyography of the lower extremity: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Diagnostic Criteria.

**Decision rationale:** The patient presents with low back, neck, bilateral shoulder and right leg pain. The current request is for 1 Electromyography of the lower extremity. The treating physician states, in a report dated 08/11/15, "Testing: EMG Lower Extremity." (24B) The ACOEM guidelines state, "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." In this case, the treating physician, based on the records available for review, has failed to document neurologic dysfunction or to demonstrate the functional necessity of an EMG. The current request is not medically necessary.

#### **1 X-ray of the right lower extremity Anterior-posterior and lateral views to include both knees and ankles: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee & Leg, Radiography (x-rays).

**Decision rationale:** The patient presents with low back, neck, bilateral shoulder, and right leg pain. The current request is for 1 X-ray of the right lower extremity anterior-posterior and lateral views to include both knees and ankles. The treating physician states, in a report dated 08/11/15, "XRAYS: CSP LSP - PLVS - RSH - LSH - leg X-ray (AP, lateral) to include knee and ankle in both." (24B) The MTUS guidelines are silent on the issue of radiography. The ODG guidelines state, "Recommended. In a primary care setting, if a fracture is considered, patients should have radiographs if the Ottawa criteria are met. Among the 5 decision rules for deciding when to use plain films in knee fractures, the Ottawa knee rules (injury due to trauma and age >55 years, tenderness at the head of the fibula or the patella, inability to bear weight for 4 steps, or inability to flex the knee to 90 degrees) have the strongest supporting evidence." In this case, the treating physician, based on the records available for review, documented none of the 5 decision rules listed above, nor is there any documentation of potential knee fracture. The current request is not medically necessary.

## **1 MRI of the right lower extremity: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee & Leg, MRI's (magnetic resonance imaging).

**Decision rationale:** The patient presents with low back, neck, bilateral shoulder, and right leg pain. The current request is for 1 MRI of the right lower extremity. The treating physician states, in a report dated 08/11/15, "MRI right leg." (24B) The MTUS guidelines are silent on the issue of MRIs. ODG guidelines state, "Soft-tissue injuries (meniscal, chondral surface injuries, and ligamentous disruption) are best evaluated by MRI." In this case, the treating physician, based on the records available for review, has failed to document any of the above conditions in the patient. No evidence is provided to support an MRI of the right leg. The current request is not medically necessary.