

<b>Case Number:</b>	CM15-0185871		
<b>Date Assigned:</b>	09/28/2015	<b>Date of Injury:</b>	04/21/2014
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	08/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/21/2015

### 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  
 Certification(s)/Specialty: Emergency Medicine

### 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 36 year old male who sustained an industrial injury on April 21, 2014. A recent primary treating office visit dated August 18, 2015 reported subjective complaint of: "continues with low back pain." "Feels no change since last visit." Patient states "that he takes meds with benefit." Patient states that "pain on left leg from recent symptom in April 2014." He is taking "OxyContin 20mg at 6am and 1pm"; claims "that the second dose is helping but making him loopy." "This combination of OxyContin and Norco is helping better with the pain." Also "able to sleep more comfortably now." The assessment noted: chronic left leg pain, status post tibial rodding; pain not well controlled; will need follow up for treatment in pain clinic; left tibial nerve palsy; sleep disturbance secondary to chronic pain; lumbar myospasm, and depression secondary to chronic pain. Primary treating visit dated August 28, 2015 reported subjective complaint of: "constant low back pain, radiating down the left leg:" "painful movement." The plan of care is with requesting recommendation for: computerized tomography scan of the left tibia and fibula, plain films of the contralateral right tibia fibula and full length scanograms to assess alignment and laboratory testing. On August 02, 105 a request was made for a full length scanograms of left tibia fibula which was noted noncertified by utilization review on August 26, 2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Full length scanograms of right tibia-fibula:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Knee Complaints 2004, Section(s): Special Studies, Summary.

**Decision rationale:** As per MTUS Chronic pain guidelines, most knee issues that are not traumatic in nature do not require imaging. Some basic criteria for imaging are red flag findings, physiological evidence of neurological or physiological dysfunction, failure to progress in strengthening program and pre-invasive procedure. A "scanogram" is a specific type of x-ray used to measure alignment and length of a limb. Other imaging was already ordered. There is no documentation of exam or gait that is consistent with hardware malignment or limb length issues. Documentation does not support request for scanogram at present. The request is not medically necessary.