

<b>Case Number:</b>	CM15-0199261		
<b>Date Assigned:</b>	10/14/2015	<b>Date of Injury:</b>	10/17/2005
<b>Decision Date:</b>	11/24/2015	<b>UR Denial Date:</b>	09/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2015

### 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, Indiana, New York  
 Certification(s)/Specialty: Internal 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 64 year old female who sustained an industrial injury on 10-17-05. Diagnoses are noted as chronic low back pain with degenerative changes and right lower extremity radiculopathy, hip strain, chronic hip pain, residual of right total hip arthroplasty (2005), sacroiliac joint and piriformis muscle trigger point myofascial pain syndrome, right ankle instability with talar and lateral malleolus ligamentous tears, recent left orbital, left upper extremity and suprapubic injuries from fall due to reduced weight bearing capacity, oral non-steroid anti-inflammatory medication intolerance, and gastritis due to prolonged analgesic medication intake. In an evaluation-periodic report and request for authorization dated 9-3-15, the physician notes pain has fluctuated in her back and hip and that weight bearing aggravates pain complaints. Activities of daily living are reported as limited by the severity of the chronic pain. Objective exam notes lumbar tenderness and spasm, severe tenderness at the piriformis muscle, anterior psoas tendon insertion, greater trochanter and iliotibial band on the right. Severe tenderness is noted at L5-S1 and lower extremity manual muscle testing (major roots L2-S2) is noted as 4 out of 5 on the right with the exception of hip abduction and hip flexion which was 3 out of 5. Sensitivity to touch in the right leg is noted as 4 out of 5 at L5 and S1. Previous treatment includes medication, right hip surgery, MRI-lumbar 5-5-14 and 1-10-08, lumbar epidural steroid injection, and physical therapy. The treatment plan includes computerized tomography scans of the right hip to evaluate for cause of right hip pain and loss of stability when standing upright, Flector patch, thoracic lumbar sacral orthosis, reacher and sock donner, MRI right ankle, Omeprazole, electromyography and nerve conduction studies of both lower

extremities to evaluate for causes of weakness in the lower extremities, and a cane with ergonomic handle to prevent falling. The requested treatment of computerized tomography scan of right hip and electromyography and nerve conduction studies of both lower extremities was non-certified on 9-25-15.

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

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

#### **CT scan of right hip: 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), Hip and Pelvis Chapter, CT.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip section, Computed tomography (CT).

**Decision rationale:** Pursuant to the Official Disability Guidelines, computed tomography right hip is not medically necessary. Computed tomography reveals more subcontractors in osteonecrosis of the femoral head than unenhanced radiography or magnetic resonance imaging. CT provides excellent visualization of bone and is used to further evaluate bony masses suspected fractures not clearly identified on x-rays. Indications for CAT scan imaging include sacral insufficiency fractures; suspected osteoid osteoma; subchondral fractures; and failed close reduction. In this case, the injured worker's working diagnoses are chronic low back pain with degenerative changes and right lower extremity radiculopathy; hip strain; chronic hip pain; residual of right total hip arthroplasty; sacroiliac joint and the piriformis muscle trigger point myofascial pain syndrome; right ankle instability; see additional diagnoses in progress note dated September 3, 2015. Date of injury is October 17, 2005. Request for authorization is September 15, 2015. According to a March 11, 2015 progress note, the injured worker underwent several bone scans. The dates include February 2009 and September 2014. Both were negative for loosening. There were no plain x-rays or magnetic resonance imaging scans in the medical record for review. According to the most recent progress note dated September 3, 2015, subjective complaints include back and hip pain. Objectively, the hip is tender to the palpation with decreased range of motion. The treating provider requested EMG/NCV of the lower extremities to evaluate the cause of weakness. There were no subjective symptoms of weakness and no neurologic evaluation with object weakness. The treating provider ordered a CAT scan to evaluate the cause of right hip pain and loss of stability when standing up right there is no documentation indicating a loss of stability. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation with plain x-rays or prior magnetic resonance imaging scanning to review, no subjective weakness or an objective motor dysfunction on examination, computed tomography right hip is not medically necessary.

#### **Electromyography and nerve conduction studies of both lower extremities: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, EMG/NCV.

**Decision rationale:** Pursuant to the ACOEM and Official Disability Guidelines, bilateral lower extremity EMG/NCV studies are not medically necessary. Nerve conduction studies are not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. EMGs may be useful to obtain unequivocal evidence of radiculopathy, after one month conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious. The ACOEM states unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging if symptoms persist. In this case, the injured worker's working diagnoses are chronic low back pain with degenerative changes and right lower extremity radiculopathy; hip strain; chronic hip pain; residual of right total hip arthroplasty; sacroiliac joint and the piriformis muscle trigger point myofascial pain syndrome; right ankle instability; see additional diagnoses in progress note dated September 3, 2015. Date of injury is October 17, 2005. Request for authorization is September 15, 2015. According to a March 11, 2015 progress note, the injured worker underwent several bone scans. The dates include February 2009 and September 2014. Both were negative for loosening. There were no plain x-rays or magnetic resonance imaging scans in the medical record for review. According to the most recent progress note dated September 3, 2015, subjective complaints include back and hip pain. Objectively, the hip is tender to the palpation with decreased range of motion. The treating provider requested EMG/NCV of the lower extremities to evaluate the cause of weakness. There were no subjective symptoms of weakness and no neurologic evaluation with object weakness. The treating provider ordered a CAT scan to evaluate the cause of right hip pain and loss of stability when standing up right there is no documentation indicating a loss of stability. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation of prior plain x-rays or magnetic resonance imaging scanning, no documentation with a neurologic evaluation, no subjective symptoms or objective clinical findings of weakness and no unequivocal findings that identify specific nerve compromise, bilateral lower extremity EMG/NCV studies are not medically necessary.