

<b>Case Number:</b>	CM14-0122844		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	02/10/2012
<b>Decision Date:</b>	10/08/2014	<b>UR Denial Date:</b>	07/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/04/2014

### 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 Physical Medicine and is licensed to practice California. 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:

The injured worker is a 68-year-old male who reported an injury on 02/10/2012 after his chair collapsed, causing a backward fall. The injured worker reportedly sustained an injury to multiple body parts to include the low back. The injured worker's treatment history included physical therapy, acupuncture, and multiple medications. The only clinical documentation submitted for this review was an Agreed Medical Evaluation with a review of medical records and initial orthopedic consultation dated 04/08/2014. The physical examination findings at that appointment included restricted range of motion of the cervical spine secondary to pain and restricted range of motion of the lumbar spine secondary to pain. The injured worker had a positive straight leg raising test with a 5/5 motor strength of the bilateral lower extremities. It was noted that the injured worker had undergone x-rays of the cervical spine, right and left elbow, lumbar spine, pelvis, thoracic spine, and bilateral knees. No significant abnormalities were identified. It is noted that the injured worker had a history of prostatic carcinoma; therefore, a bone scan was recommended. Additionally, it was noted that the injured worker has significant atrophy of the calf and reflex asymmetry that supported the need for electrodiagnostic studies of the right lower extremity. No Request for Authorization Form was submitted to support the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG of the Right Lower Extremity:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

**Decision rationale:** The requested EMG of the Right Lower Extremity is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommends electrodiagnostic studies for nonfocal deficits suggestive of radiculopathy. The clinical documentation submitted for review does indicate that the injured worker has clinically evident radiculopathy. Therefore, an electrodiagnostic study would not be supported in this clinical situation. As such, the requested EMG of the Right Lower Extremity is not medically necessary or appropriate.

**NCV of the Right Lower Extremity:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305,Chronic Pain Treatment Guidelines.

**Decision rationale:** The requested NCV of the Right Lower Extremity is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine does not support electrodiagnostic studies for patients with clinically evident radiculopathy. The clinical documentation submitted for review does indicate that the injured worker has significant calf atrophy and asymmetric reflexes supporting radiculopathy. Therefore, the need for electrodiagnostic studies would not be supported in this clinical situation. As such, the requested NCV of the Right Lower Extremity is not medically necessary or appropriate.

**Whole Body 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-Bone scan

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

**Decision rationale:** The requested Whole Body Bone Scan is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine does not specifically address criteria for a bone scan. However, it is recommended that imaging be reserved for a serious pathology, including tumors. The Official Disability Guidelines do not recommend bone scans unless there is suspicion of a bone infection, cancer, or arthritis. The clinical documentation submitted for review does indicate that the injured worker has a history of metastatic bone cancer. However, there is no documentation that the injured worker is currently experiencing signs and symptoms related to a recurrence of the cancer and would require a

whole body bone scan. As such, the requested Whole Body Bone Scan is not medically necessary or appropriate.