

<b>Case Number:</b>	CM15-0035542		
<b>Date Assigned:</b>	03/27/2015	<b>Date of Injury:</b>	11/18/2004
<b>Decision Date:</b>	05/11/2015	<b>UR Denial Date:</b>	02/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/25/2015

### 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: 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 59-year-old male who reported injury on 11/18/2004. The mechanism of injury was not provided. The diagnoses included chronic pain, displacement of lumbar intervertebral disc without myelopathy; degeneration of the lumbar/lumbosacral disc, and postsurgical status. There were multiple Requests for Authorization submitted for review dated 12/23/2014. The documentation of 12/08/2014 revealed the injured worker had complaints of pain that was getting worse. The injured worker complained of right foot pain, right knee pain, and lumbar spine pain with pain radiating down to the right lower extremity. The injured worker complained of his leg giving way and some numbness and tingling in the right leg. The last diagnostic tests were noted to be done in 2005; and the physician indicated the injured worker needed updated diagnostic testing. The physical examination of the lumbar spine revealed decreased range of motion. The injured worker had a positive straight leg raise at 75 degrees bilaterally, eliciting pain at L5-S1 dermatomes. There was hypoesthesia at the anterior lateral aspect of the foot and ankle of an incomplete nature at L5-S1. There was weakness in the big toe dorsiflexor and big toe plantarflexor bilaterally. There was facet joint tenderness at L5 and S1 bilaterally. There was mild tenderness in the right ankle, where there was noted to be a surgical scar. The diagnoses included herniated lumbar disc, status post right ankle video arthroscopy, and right knee internal derangement. The treatment plan included an ultrasound guided corticosteroid injection to the right knee, right ankle, and right plantar fascia for alleviation of pain. Additionally, the request was made for an updated MRI of the lumbar spine to establish the presence of disc pathology; an updated MRI of the right knee and right ankle/foot to establish

possible injuries of the tendons, ligaments, and cartilage; and an EMG/nerve conduction of the bilateral lower extremities to establish presence of radiculitis or neuropathy. The medications refilled included Norco 10/325 mg #120; Soma 350 mg #120; naproxen 550 mg #120; and Prilosec 20 mg 1 by mouth daily.

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

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

#### **MRI Lumbar Spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 13th Edition (web), Low Back chapter, MRI's (magnetic resonance imaging).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, MRIs (magnetic resonance imaging).

**Decision rationale:** The Official Disability Guidelines indicated a repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms or findings suggestive of a significant pathology. The clinical documentation submitted for review indicated that the injured worker had objective findings upon physical examination. However, there was a lack of documentation indicating that the objective findings were a significant change from prior examinations. Given the above, the request for MRI of the lumbar spine is not medically necessary.

#### **MRI Right knee: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index, 13Edition (web), 2015 Knee & Leg Chapter, MRI's (magnetic resonance imaging).

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

**Decision rationale:** The Official Disability Guidelines indicate a repeat MRI may be appropriate post-surgically if needed to assess knee cartilage repair tissue. The clinical documentation submitted for review indicated the injured worker had a prior MRI. However, there was a lack of documentation of objective findings upon physical examination to support the necessity for a repeat MRI for the knee. Given the above, the request for MRI of the right knee is not medically necessary.

#### **MRI right foot/ankle: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index, 13th Edition (web) 2015, Ankle & Foot Chapter MRI's (magnetic resonance imaging).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot Chapter, Magnetic resonance imaging (MRI).

**Decision rationale:** The Official Disability Guidelines indicate a repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms or findings suggestive of a significant pathology. The clinical documentation submitted for review failed to provide objective findings upon examination. There was a lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations. Given the above, the request for MRI of the foot/ankle is not medically necessary.

**NCV/EMG bilateral lower extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index, 13th Edition (web) 2015, Low Back Chapter, Nerve Conduction Studies.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Nerve conduction studies (NCS).

**Decision rationale:** The American College of Occupational and Environmental Medicine states that 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. They do not address NCS of the lower extremities. As such, secondary guidelines were sought. The Official Disability Guidelines do not recommend NCS as there is minimal justification for performing nerve conduction studies when an injured worker is presumed to have symptoms on the basis of radiculopathy. The clinical documentation submitted for review failed to provide documentation of prior examinations to support this was a significant change. The documentation indicated the injured worker had previously undergone diagnostic studies. There was a lack of documentation indicating the findings of the prior diagnostic studies and what the specific studies were. There was a lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations. As there was a lack of documentation indicating the prior conservative care that was performed and whether this was the initial or secondary EMG/NCV, the request for NCV/EMG bilateral lower extremities is not medically necessary.

**Ultrasound corticosteroid injection right knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337.

**Decision rationale:** The American College of Occupational and Environmental Medicine indicates that invasive techniques, including cortisone injections, are not routinely indicated. There was a lack of documentation of objective findings related to the right knee. There was a lack of documentation indicating a necessity for a cortisone injection in the right knee. Given the above, the request for ultrasound corticosteroid injection, right knee, is not medically necessary.

**Ultrasound corticosteroid injection right ankle:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 369-371, Chronic Pain Treatment Guidelines.

**Decision rationale:** The American College of Occupational and Environmental Medicine indicates that invasive techniques have no proven value, with the exception of corticosteroid injections into the affected space in injured workers with Morton's neuroma or plantar fasciitis or heel spur if after 4 to 6 weeks of conservative care, the conservative care is found to be ineffective. The clinical documentation submitted for review indicated the injured worker was having ankle pain. However, there was a lack of documentation indicating the injured worker had a diagnosis of plantar fasciitis, heel spur, or Morton's neuroma. Given the above and the lack of documentation, the request for ultrasound corticosteroid injection, right ankle, is not medically necessary.

**Ultrasound corticosteroid injection right foot plantar fascia:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 369-371.

**Decision rationale:** The American College of Occupational and Environmental Medicine indicates that invasive techniques have no proven value, with the exception of corticosteroid injections into the affected space in injured workers with Morton's neuroma or plantar fasciitis or heel spur if after 4 to 6 weeks of conservative care, the conservative care is found to be ineffective. The clinical documentation submitted for review indicated the injured worker was having ankle pain. However, there was a lack of documentation indicating the injured worker had a diagnosis of plantar fasciitis, heel spur, or Morton's neuroma. Given the above and the lack of documentation, the request for ultrasound corticosteroid injection, right foot plantar fascia, is not medically necessary.