

<b>Case Number:</b>	CM15-0068430		
<b>Date Assigned:</b>	04/16/2015	<b>Date of Injury:</b>	12/06/2012
<b>Decision Date:</b>	05/19/2015	<b>UR Denial Date:</b>	03/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/10/2015

### 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 66 year old female who sustained an industrial injury on 12/06/12. Initial complains included head, left shoulder, rib, and hip pain. Initial diagnoses included a left clavicular fracture, a left first rib fracture and bilateral pubic rami fractures. Treatments to date include medications, physical therapy, ultrasound, TENS unit, and home exercise program. Diagnostic studies include multiple x-rays, head and cervical CT scans, and MRI of the lumbar spine and brain. Current complaints include pain in her head, neck, left shoulder, elbow, wrist, hand, hip; back pain, left earache and tinnitus, and depression. Current diagnose include syncope, headaches, cervical, thoracic, and lumbar strain; cervical radiculopathy, lumbar radiculitis, left scapular/shoulder/elbow/wrist/hand/hip/thigh contusion; bilateral shoulder impingement, and left knee/leg/hip/thigh/hand/wrist/elbow strain. In a progress note dated 09/03/14 the treating provider reports the plan of care as anti-inflammatories, analgesics, TENS, continue physical therapy and medications, MRI of the left shoulder, cervical and lumbar spine; nerve conduction studies of the upper and lower extremities, x-rays of the left wrist and bilateral hips. The requested treatments are nerve conduction studies of the upper and lower extremities and x-rays of the left wrist and bilateral hips.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**X-ray bilateral hips:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Hip & Pelvis (Acute & Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Hip and Pelvis chapter, X-rays.

**Decision rationale:** The patient presents on 09/03/14 with headache in the right hemicranial area rated 5-7/10, cervical spine pain rated 7/10 which radiates into the upper back and bilateral upper extremities, left shoulder pain rated 4-7/10, and left elbow/wrist pain rated 4-8/10. The patient also complains of left hip pain rated 9-10/10, and lower back pain rated 4-8/10 which radiates into the bilateral lower extremities. The patient's date of injury is 12/06/12. Patient has no documented surgical history directed at these complaints. The request is for X-RAY BILATERAL HIPS. The RFA is dated 03/18/15. Physical examination dated 09/03/14 reveals tenderness to palpation of the cervical paravertebral muscles and trapezius muscle, left greater than right. Right shoulder examination reveals tenderness to palpation, reduced range of motion, and positive impingement sign. Left shoulder examination reveals tenderness to palpation, reduced range of motion, and positive impingement sign. Left wrist and hand examination reveals tenderness to palpation of fingers 4 and 3 and the volar aspect of the wrist. Lower back examination reveals tenderness to palpation of the lumbar paraspinal muscles, positive straight leg raise test at 30 degrees on the right and 70 degrees on the left, and positive Patrick's test. Neurological examination of the lower extremities is otherwise normal. The patient is currently prescribed Flexeril, Omeprazole, Docuprene, Lidopro, Atenolol, Fossamax, and Vitamin B12 supplement. Diagnostic imaging was not included, though 09/03/14 progress note references lumbar X-rays dated 08/25/13, findings include: "anterior wedge compression fracture of the L1 vertebral body with 25% anterior wedging..." Patient is currently not working. MTUS/ACOEM does not discuss hip radiographs. ODG-TWC guidelines, Hip and Pelvis chapter under X-rays states: "Plain radiographs (X-Rays) of the pelvis should routinely be obtained in patients sustaining a severe injury." In regard to the repeat X-ray of the bilateral hips, the provider has not specified a reason for the request. This patient has had multiple imaging studies of the lumbar spine region and hips to date, including X-rays and an MRI of the region performed on 08/24/13, though the reports were not made available for review. There is no documentation of recent hip trauma, falls, or other severe injury which would warrant repeat studies. While this patient presents with multiple chronic pain complaints, without evidence of re-injury or a significant change in this patient's presentation, the medical necessity of repeat imaging cannot be substantiated. The request IS NOT medically necessary.

**EMG/NCS of bilateral upper and lower extremities:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-262. Decision based on Non-MTUS Citation Low Back chapter , EMGs -electromyography-

**Decision rationale:** The patient presents on 09/03/14 with headache in the right hemicranial area rated 5-7/10, cervical spine pain rated 7/10 which radiates into the upper back and bilateral upper extremities, left shoulder pain rated 4-7/10, and left elbow/wrist pain rated 4-8/10. The patient also complains of left hip pain rated 9-10/10, and lower back pain rated 4-8/10 which radiates into the bilateral lower extremities. The patient's date of injury is 12/06/12. Patient has no documented surgical history directed at these complaints. The request is for EMG/NCS OF BILATERAL UPPER AND LOWER EXTREMITIES. The RFA is dated 03/18/15. Physical examination dated 09/03/14 reveals tenderness to palpation of the cervical paravertebral muscles and trapezius muscle, left greater than right. Right shoulder examination reveals tenderness to palpation, reduced range of motion, and positive impingement sign. Left shoulder examination reveals tenderness to palpation, reduced range of motion, and positive impingement sign. Left wrist and hand examination reveals tenderness to palpation of fingers 4 and 3 and the volar aspect of the wrist. Lower back examination reveals tenderness to palpation of the lumbar paraspinous muscles, positive straight leg raise test at 30 degrees on the right and 70 degrees on the left, and positive Patrick's test. Neurological examination of the lower extremities is otherwise normal. The patient is currently prescribed Flexeril, Omeprazole, Docuprene, Lidopro, Atenolol, Fossamax, and Vitamin B12 supplement. Diagnostic imaging was not included, though 09/03/14 progress note references lumbar X-rays dated 08/25/13, findings include: "anterior wedge compression fracture of the L1 vertebral body with 25% anterior wedging..." Patient is currently not working. ODG Low Back chapter under EMGs -electromyography- ODG states, "Recommended as an option needle, not surface. EMGs may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious." Regarding Upper extremity electrodiagnostic studies, ACOEM Practice Guidelines, 2nd Edition 2004, Chapter 11, page 260-262 states: Appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies - NCS-, or in more difficult cases, electromyography -EMG- may be helpful. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. If the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist. The medical records provided do not indicate that the patient has previously undergone electrodiagnostic studies. The requesting physician in this case has documented that the patient has cervical spine pain which radiates into the shoulders and bilateral upper extremities, and lower back pain which radiates into the bilateral lower extremities. Examination findings do not document any neurological deficit in the upper extremities aside from subjective reports of weakness, but do indicate a positive SLR bilaterally. Given this patient's radicular pain to all four extremities, positive neurological findings in the lower extremities, the failure of conservative treatments, the requested EMG/NCS request is substantiated. Therefore, the request IS medically necessary.

**X-rays left wrist:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, Wrist and Hand (Acute).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268. Decision based on Non-MTUS Citation Forearm, Wrist & Hand, chapter, Radiography.

**Decision rationale:** The patient presents on 09/03/14 with headache in the right hemicranial area rated 5-7/10, cervical spine pain rated 7/10 which radiates into the upper back and bilateral upper extremities, left shoulder pain rated 4-7/10, and left elbow/wrist pain rated 4-8/10. The patient also complains of left hip pain rated 9-10/10, and lower back pain rated 4-8/10 which radiates into the bilateral lower extremities. The patient's date of injury is 12/06/12. Patient has no documented surgical history directed at these complaints. The request is for X-RAYS LEFT WRIST. The RFA is dated 03/18/15. Physical examination dated 09/03/14 reveals tenderness to palpation of the cervical paravertebral muscles and trapezius muscle, left greater than right. Right shoulder examination reveals tenderness to palpation, reduced range of motion, and positive impingement sign. Left shoulder examination reveals tenderness to palpation, reduced range of motion, and positive impingement sign. Left wrist and hand examination reveals tenderness to palpation of fingers 4 and 3 and the volar aspect of the wrist. Lower back examination reveals tenderness to palpation of the lumbar paraspinal muscles, positive straight leg raise test at 30 degrees on the right and 70 degrees on the left, and positive Patrick's test. Neurological examination of the lower extremities is otherwise normal. The patient is currently prescribed Flexeril, Omeprazole, Docuprene, Lidopro, Atenolol, Fossamax, and Vitamin B12 supplement. Diagnostic imaging was not included, though 09/03/14 progress note references lumbar X-rays dated 08/25/13, findings include: "anterior wedge compression fracture of the L1 vertebral body with 25% anterior wedging..." Patient is currently not working. ACOEM Guidelines Chapter 11 on Forearm, Wrist and Hand Complaints page 268 on x-rays of the wrist and hand states, "For most patients presenting with true hand and wrist problems, special studies are not needed until after 4 to 6 weeks period of conservative care and observation. Most patients improved quickly provided red flag conditions are ruled out. Regarding wrist/hand X-ray, ACOEM guidelines state indications for x-ray are as follow: 1. tenderness of the snuff box - radial-dorsal wrist, 2. An acute injury to the metacarpophalangeal joint of the thumb, 3. peripheral nerve impingement, and 4. Recurrence of a symptomatic ganglion that has been previously aspirated or a trigger finger that has been previously treated with local injections." ODG guidelines, chapter 'Forearm, Wrist & Hand (Acute & Chronic)' and topic 'Radiography', recommend x-rays to for most patients with known or suspected trauma of the hand, wrist, or both, the conventional radiographic survey provides adequate diagnostic information and guidance to the surgeon. In regard to the X-rays of the left wrist, the request is appropriate. Progress notes do not indicate that this patient has undergone any X-ray imaging directed at the wrist to date. Progress notes document weak grip strength secondary to pain, tenderness to palpation of the Volar aspect of the left wrist, and the failure of conservative treatments lasting longer than 4-6 weeks. Given these positive examination findings, the lack of X-ray imaging to date, and the failure of conservative therapies to produce results, wrist imaging is appropriate to determine the underlying pathology. The request IS medically necessary.