

Case Number:	CM13-0001923		
Date Assigned:	12/11/2013	Date of Injury:	03/19/2013
Decision Date:	02/06/2014	UR Denial Date:	07/10/2013
Priority:	Standard	Application Received:	07/18/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine, has a subspecialty in Cardiovascular Disease and is licensed to practice in Texas. 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 physician 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 patient is a 35-year-old female who reported an injury on 03/19/2013. The patient is currently diagnosed with strain of the shoulder, strain of the thoracic region, sprain or strain of the lumbar region, and strain of the hip. The patient was seen by [REDACTED] on 07/02/2013. The patient reported 7/10 pain with radiation to the left shoulder and bilateral lower extremities. Physical examination revealed decreased range of motion and tenderness to palpation of the bilateral shoulders, decreased range of motion with tenderness to palpation of the cervical, thoracic, and lumbar spine, normal reflexes, diminished sensation in the upper and lower extremities, and normal straight leg raising. Treatment recommendations included chiropractic therapy and nerve conduction study with electromyogram of the left upper and bilateral lower limbs.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 1x4 additional sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-299.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58.

Decision rationale: The California MTUS Guidelines state manual therapy and manipulation is recommended for chronic pain if caused by musculoskeletal conditions. Treatment for the low back is recommended as an option with a therapeutic trial of 6 visits over 2 weeks. With evidence of objective functional improvement, a total of up to 18 visits over 6 to 8 weeks may be appropriate. As per the clinical notes submitted, the patient's physical examination only revealed tenderness to palpation with decreased range of motion. Documentation of a significant musculoskeletal condition was not provided. Furthermore, the current request for chiropractic treatment twice per week for 4 weeks exceeds guideline recommendations. Therefore, the request is non-certified.

Electromyogram of left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; Neck & Upper Back Chapter, Electromyography

Decision rationale: California MTUS/ACOEM Practice Guidelines state electromyography and nerve conduction velocities may be helpful to identify subtle, focal neurologic dysfunction in patients with neck or arm symptoms lasting more than 3 or 4 weeks. As per the clinical notes submitted, the latest physical examination does not reveal significant change in the patient's clinical status as to nerve entrapment neuropathy. There is no rationale for the requested electrodiagnostic study. Therefore, the request is non-certified.

Electromyogram of bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

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

Decision rationale: California MTUS/ACOEM Practice Guidelines state electromyography may be useful to identify subtle, focal, neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks. As per the clinical notes submitted, there is no documentation of a significant neurological deficit or a change in the patient's physical examination that would warrant the need for electrodiagnostic testing. The patient's latest physical examination only revealed decreased sensation with normal reflexes. The patient had a negative straight leg raise and there was no indication of a sensory deficit in a specific dermatome. Based on the clinical information received, the patient does not currently meet criteria for bilateral lower extremity electromyography. Therefore, the request is non-certified.