

Case Number:	CM13-0016090		
Date Assigned:	04/23/2014	Date of Injury:	06/13/2013
Decision Date:	06/11/2014	UR Denial Date:	07/23/2013
Priority:	Standard	Application Received:	08/24/2013

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 Rehabilitation, has a subspecialty in Pain Management, and is licensed to practice in 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:

This is a patient with a date of injury of June 13, 2013. A utilization review determination dated July 23, 2013 recommends non-certification of EMG (electromyography) of the BLE (bilateral lower extremities) and MRIs of the cervical and lumbar spine. Chiropractic was modified from 12 sessions to 6 sessions. A July 1, 2013 medical report identifies as history of treatment including chiropractic, PT (physical therapy), and acupuncture. Complaints include low back pain with radiating pain and numbness into the bilateral lower extremities, more on the right side; neck pain, bilateral elbow pain, bilateral knee pain, and bilateral ankle pain. On exam, there is cervical spine tenderness, spasm, and decreased ROM (range of motion). Lumbar spine has decreased ROM. There is also elbow tenderness in the lateral epicondyles with reduced ROM, knee tenderness over the joint lines, decreased ROM, and decreased ankle ROM. Neurological exam was normal.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG OF THE 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.

Decision rationale: Regarding the request for EMG of the bilateral lower extremities, California MTUS and ACOEM state that electromyography may be useful to identify subtle focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks. Within the documentation available for review, there are only non-focal symptoms of radiating pain and numbness into the bilateral lower extremities. These are not further specified with regard to specific dermatomes and the neurologic exam is noted to be normal. The request for an EMG of the bilateral lower extremities is not medically necessary or appropriate.

CHIROPRACTIC TWO (2) - THREE (3) TIMES A WEEK FOR FOUR (4) WEEKS FOR THORACIC/LUMBAR SPINE: 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), Low Back And Neck Chapters.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-60.

Decision rationale: Regarding the request for chiropractic care for the thoracic spine, CA MTUS supports additional chiropractic treatment only when prior treatment has resulted in objective functional improvement. Within the documentation available for review, it is noted that the patient has received prior chiropractic treatment, but no objective functional improvement is described. The request for chiropractic care for the thoracic spine, two to three times weekly for four weeks, is not medically necessary or appropriate.

MRI OF THE CERVICAL SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178-179.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 176-177.

Decision rationale: Regarding the request for MRI of the cervical spine, CA MTUS and ACOEM support the use of imaging for emergence of a red flag, physiologic evidence of tissue insult or neurologic deficit, failure to progress in a strengthening program intended to avoid surgery, and for clarification of the anatomy prior to an invasive procedure. Within the documentation available for review, there is no indication of any red flags or any neurologic symptoms/findings in the cervical spine and upper extremities. The request for an MRI of the cervical spine is not medically necessary or appropriate.

MRI OF THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 303-304.

Decision rationale: Regarding the request for MRI of the lumbar spine, CA MTUS and ACOEM state that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and would consider surgery an option. Within the documentation available for review, there is no indication of any red flags or any specific focal neurologic symptoms/findings in the lumbar spine and lower extremities. The request for an MRI of the lumbar spine is not medically necessary or appropriate.