

Case Number:	CM13-0016829		
Date Assigned:	01/03/2014	Date of Injury:	04/30/2012
Decision Date:	04/22/2014	UR Denial Date:	07/23/2013
Priority:	Standard	Application Received:	08/26/2013

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, 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:

The patient is a 42-year-old male who reported injury on 04/30/2012. The mechanism of injury was from repetitive pushing and pulling. The 06/20/2013 note reported the patient had multiple disc bulges prominent at L4-5 and L5-S1, possibly impingement on multiple nerve roots. The note stated he was given prednisone to help mitigate some of the inflammatory components and postponed further therapy. The note stated chiropractic care will be submitted 3 times a week for 2 weeks to do myofascial release, passive/active stretch strengthening, iontophoresis, and phonophoresis, and traction. The note stated electrodiagnostic studies will be ordered of the bilateral lower extremities to evaluate if there is radiculopathy and if so the level and extent of pathology. The 08/15/2013 note reported a complaint of low back pain associated with burning, numbness, tingling and weakness in the lower extremities. His baseline pain was rated at 2 to 6. On examination, he had tenderness to palpation over the lumbar spine with range of motion described as 20 degrees of forward flexion and extension, 25 degrees of lateral flexion bilaterally, and 45 degrees of lateral rotation bilaterally. He had a positive straight leg raise in the bilateral lower extremities, intact sensation, 5/5 motor strength throughout, 2+ deep tendon reflexes, and negative Babinski's, Hoffmann's, and Clonus tests. He was diagnosed with lumbar muscle strain, spasm, and radiculitis. An EMG was recommended to evaluate for radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG (ELECTROMYOGRAPHY) FOR 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 states electromyography may be useful to identify subtle focal neurologic dysfunction in patients with low back symptoms lasting for more than 3 to 4 weeks. The documentation submitted indicates the patient had tenderness to palpation over the lumbar spine with positive straight leg raise; however, there was no evidence of neurological dysfunction in the lower extremities to support the necessity of the requested EMG. As such, the request is non-certified.

NCS (NERVE CONDUCTION STUDIES) FOR BILATERAL LOWER EXTREMITIES.: 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 (ODG) LOW BACK/NERVE CONDUCTION STUDIES (NCS).

Decision rationale: Official Disability Guidelines state there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. The note stated electrodiagnostic studies will be ordered to evaluate if there is radiculopathy; however, the patient is not noted to have evidence of neurological dysfunction in the lower extremities to support the necessity of the requested NCV. As such, the request is non-certified.

CHIROPRACTIC TREATMENT THREE (3) TIMES PER WEEK FOR TWO (2) WEEKS (6 VISITS): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY & MANIPULATION Page(s): 58-59.

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

Decision rationale: California MTUS Guidelines recommends the use of chiropractic therapy for chronic low back pain if caused by musculoskeletal conditions. The documentation submitted did not specify a body part for which the therapy would be performed. As such, appropriateness cannot be determined at this time. As such, the request is non-certified.