

<b>Case Number:</b>	CM13-0020083		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	12/10/2012
<b>Decision Date:</b>	01/15/2014	<b>UR Denial Date:</b>	08/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2013

### 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 Orthopedic Surgery 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 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 50-year-old female who reported an injury on 12/19/2012 when she is reported to have slipped and fallen on a wet floor. She is also noted to have been diagnosed with a cumulative trauma injury to her low back from 10/01/2010 to 09/23/2012. The patient is reported to complain of pain and severe soreness in her shoulders, low back, and legs due to repetitive lifting, bending, pushing, and pulling and then she was reported to have slipped and fallen. She is reported to continue to complain of ongoing low back pain, headaches, neck pain radiating down the bilateral upper extremities, right and left shoulder pain, right and left upper arm pain, right and left leg pain, right and left foot pain, chest pain, abdominal pain, difficulty falling asleep, daytime sleepiness, reduced daytime alertness, depression, anxiety, and crying spells. She is noted to have previously undergone x-rays of the lumbar spine, an MRI of the lumbar spine, and EMG studies of the bilateral lower extremities. The patient is noted on physical examination on 07/23/2013 to have tenderness to palpation, have an increased lordotic curve, palpation is positive for tenderness over the right and left paralumbar musculoskeletal, the right and left gluteus maximus muscles, range of motion was 50 degrees of flexion, 20 degrees of extension, right and left bending to 20 degrees, and straight leg raise at 60 degrees was performed with pain to the low back. A request was made for 6 sessions of physical therapy to the lumbar spine 2 times 4, chiropractic treatment to the lumbar spine 1 times 4, and EMG/NCV of the bilateral lower extremities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy two (2) times a week for four (4) weeks for the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Section Page(s): 99.

**Decision rationale:** The patient is a 50-year-old female who reported an injury to her low back on 12/19/2012 when she was reported to have slipped and fallen on a wet floor. She is also reported to have reported a cumulative trauma injury with pain in her neck and bilateral upper extremities. She is noted to have previously undergone physical therapy to the lumbar spine including 8 sessions of land-based therapy and 8 sessions of aquatic based therapy. She is reported to continue to complain of low back pain with radiation of pain to her bilateral lower extremities. She is noted on physical examination to have near minimal loss of range of motion. She is noted to have 4/5 strength of the upper and lower extremities. Deep tendon reflexes are 2+ bilaterally. The California MTUS Guidelines recommend up to 8 to 10 visits for treatment of neuralgia, neuritis, or radiculitis and 9 to 10 visits over 8 weeks for treatment of myalgia, myositis, and myositis. They also state that patients are instructed and expected to continue active therapies at home as an extension to the treatment process in order to maintain improvement. As there is no documentation that the patient has been continuing active therapies at home and the patient is noted to have only minimal deficits on range of motion and strength testing, the need for physical therapy is not established. In addition, the patient is noted to have treated previously with physical therapy with only minimal improvement and as such, the requested physical therapy does not meet guideline recommendations. Based on the above, the request for Physical Therapy 2x4 for the lumbar spine is non-certified.

**chiropractic sessions once a week for four weeks for the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

**Decision rationale:** The patient is a 50-year-old female who reported an injury to her low back when she slipped and fell and she is also reported to complain of neck pain and upper and lower extremity pain due to cumulative trauma. She is noted to have treated in the past with medications and physical therapy including land-based therapy and aquatic therapy with minimal improvement. The California MTUS Guidelines state manipulation appears safe and effective for the first few weeks of back pain without radiculopathy, but state for symptoms lasting longer than 1 month, manipulation is probably safe, but efficacy has not been proved. As the patient's low back complaints are reported to have been on an ongoing basis for an extended period of time, the request for chiropractic manipulation does not meet Guideline recommendations. Based on the above, the request for Chiro 1x4 for the lumbar spine is non-certified.

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

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

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

**Decision rationale:** The patient is a 50-year-old female who reported an injury on 12/19/2012 when she is reported to have slipped and fallen. She is also noted to have a cumulative trauma injury due to performing her job duties. She is noted to complain of ongoing neck pain with radiation of pain to the bilateral upper extremities, right and left shoulder pain, right and left upper arm pain, right and left leg pain, right and left foot pain, and lumbar pain. She is noted on physical exam to have mildly decreased range of motion of the lumbar spine, positive straight leg raises at 60 degrees for back pain only, and tenderness to palpation over the paralumbar musculoskeletal and the gluteus maximus. On neurological examination, she is noted to have mildly decreased strength of the upper and lower extremities and 2+ deep tendon reflexes bilaterally. The California MTUS states that when a neurological examination is less clear, further physiological evidence of nerve dysfunction should be obtained and note that EMGs including H-reflex studies may be useful in identifying subtle focal neurological dysfunction in patients with low back symptoms lasting more than 3 to 4 weeks. However, as the patient is not noted to have any neurological deficits on physical examination, the requested electromyography does not meet guideline recommendations. In addition, the guidelines do not recommend the use of nerve conduction studies for evaluation of radiculopathy. As such, the request for the EMG/NCV of the bilateral lower extremities is non-certified.