

<b>Case Number:</b>	CM13-0042018		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	01/26/2011
<b>Decision Date:</b>	02/28/2014	<b>UR Denial Date:</b>	10/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2013

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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:

This patient is a 33-year-old male with date of injury, 01/26/2011. Per [REDACTED] treating physician's report on 07/23/2013, this patient has diagnostic impressions of Lumbar discogenic pain with facet inflammation providing radiculopathy, Right ankle sprain/strain, Depression/stress/anxiety, Sexual dysfunction, Headaches and Weight gain. The treatment recommendations were an EMG/NCV study of the bilateral lower extremities to evaluate for peripheral nerve involvement and a referral to a chiropractor for 12 sessions 3 times a week for 4 weeks to improve range of motion, function, and strength. Patient apparently exhausted 24 sessions of physical therapy and has not had chiropractic or aquatic therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic treatment for the lower back (12 sessions):** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 107, 298-299 and Table 12-5 and 12-8..

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Manual Therapy and Manipulation, Page(s): 58-59.

**Decision rationale:** This patient presents with chronic and persistent low back pain. The treating physician reviewed the MRI of the lumbar spine from March 2011 that showed disk bulges, multilevel ligamentum flavum hypertrophy, and facet changes with no spinal or foraminal stenosis. The patient continues to experience low back pain. The treating physician has asked for chiropractic treatment trial 12 sessions. MTUS Guidelines state on page 58 and 59 that chiropractic therapy and manipulation are recommended for chronic pain caused by musculoskeletal conditions. For low back it is recommended as an option and for therapeutic care trial of 6 visits over 2 weeks is recommended and with evidence of objective functional improvement with total of 18 visits over 6 to 8 weeks. In this case, the treater has asked for 12 sessions, and the request exceeds what is allowed by MTUS for chiropractic treatment trial. Recommendation is for denial.

**Electromyography (EMG) and nerve conduction velocity (NCV) testing for the lower extremities:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 303. Decision based on Non-MTUS Citation the Official Disability Guidelines (ODG), Low Back Chapter.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation the ODG, Low Back Chapter, Electrodiagnostic Testing.

**Decision rationale:** This patient presents with chronic low back and radiating symptoms in the lower extremities. The patient has had an MRI of the lumbar spine on 08/20/2013. The findings included mild disk bulges from L3 to S1 without significant central canal or foraminal stenosis. Bulging disks measured approximately 2 mm in size. The treating physician has asked for EMG/NCV studies of bilateral lower extremities to look at the peripheral nerves. In reference to EMG studies, ACOEM Guidelines page 303 states that electromyography or EMG including H-reflex test may be useful to identify subtle focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks. Therefore, EMG/needle studies will be appropriate to obtain given the patient's radicular symptoms to determine whether or not radiculopathy is present. However, the treating physician also requested nerve conduction studies. For nerve conduction studies, ODG Guidelines states that it is not recommended and that there is minimal justification for performing nerve conduction studies when the patient is presumed to have symptoms on the basis of radiculopathy. Despite review of multiple reports on 01/29/2013, it was not found that this patient has had electrodiagnostic studies in the past. Given the patient's significant pain down the lower extremities and negative MRI of the lumbar spine showing any nerve root lesion, it is medically reasonable to perform electrodiagnostic studies including EMG and nerve conduction studies not only to uncover any subtle focal neurologic lesion, but also to look at the peripheral nerves as recommended by the treating physician. Recommendation is for authorization.