

<b>Case Number:</b>	CM13-0049590		
<b>Date Assigned:</b>	04/16/2014	<b>Date of Injury:</b>	10/03/2012
<b>Decision Date:</b>	05/23/2014	<b>UR Denial Date:</b>	10/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/08/2013

### 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 Illinois. 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 injured worker is a 44-year-old female who reported an injury on 10/03/2012. The mechanism of injury was a slip and fall. The injured worker underwent chiropractic care, physical therapy, and medications. The documentation of 10/03/2013 revealed that the injured worker had attended two (2) sessions of physical therapy and had no benefit. The injured worker had low back pain with radiation to the legs bilaterally. The objective findings included increased tone with associated tenderness in the paracervical and trapezial muscles of the cervical spine. The cervical distraction test was mildly positive. There was restricted range of motion due to complaints of pain and discomfort, and the injured worker had muscle spasms. The physical examination of the lumbar spine revealed increased tone and tenderness about the paralumbar musculature, with tenderness at the midline thoracolumbar junction and over the level of the L5-S1 facets and right greater sciatic notch. There were muscle spasms and sciatic tenderness. The diagnoses included a cervical spine sprain/strain with radicular complaints and a lumbar spine sprain/strain with radicular complaints. The treatment plan included chiropractic care for the lumbar spine at the rate of twice per week for four (4) weeks and a nerve conduction velocity/electromyography (NCV/EMG) examination of the lower extremities as well as the medications tizanidine, tramadol, omeprazole and naproxen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CHIROPRACTIC SESSIONS FOR THE LUMBAR SPINE TWICE A WEEK FOR FOUR (4) WEEKS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY AND MANIPULATION Page(s): 58-59.

**Decision rationale:** The Chronic Pain Guidelines recommend manual therapy and manipulation for chronic pain if it is caused by musculoskeletal conditions. For the low back, therapy is recommended initially in a therapeutic trial of six (6) sessions; and with objective functional improvement, for a total of up to eighteen (18) visits. Treatment for flare-ups requires a need for re-evaluation of prior treatment success. The clinical documentation submitted for review indicated that the injured worker had undergone chiropractic treatment and two (2) sessions of physical therapy. There was a lack of documentation indicating the quantity of sessions specific to chiropractic care and objective functional benefit that were received. The request as submitted failed to indicate the body part to be treated with chiropractic care. Given the above, the request for chiropractic twice a week for four (4) weeks is not medically necessary.

**ELECTROMYOGRAPHY (EMG) OF THE BILATERAL LOWER EXTREMITIES:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENT MEDICINE (ACOEM), 2ND EDITION, (2004), 12, 303-305

**Decision rationale:** The MTUS/ACOEM Guidelines indicate that electromyography (EMG), including H reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three (3) or four (4) weeks. The clinical documentation submitted for review failed to indicate that the injured worker had focal neurologic dysfunction. There were no myotomal or dermatomal deficits reported to support the necessity for an EMG of the bilateral lower extremities. Given the above, the request for an EMG of the bilateral lower extremities is not medically necessary.

**NERVE CONDUCTION STUDY (NCS) OF THE BILATERAL LOWER EXTREMITIES:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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 CHAPTER, NERVE CONDUCTION STUDY (NCS).

**Decision rationale:** The Official Disability Guidelines do not recommend nerve conduction study (NCS), as there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. The clinical documentation submitted for review failed to indicate that the injured worker had complaints of neuropathic pain. It was indicated that the injured worker's pain complaints were due to radiating pain in the legs bilaterally. There was a lack of documentation indicating the necessity for both an NCS and an electromyography (EMG). Given the above, the request for an NCS of the bilateral lower extremities is not medically necessary.