

Case Number:	CM13-0049675		
Date Assigned:	12/27/2013	Date of Injury:	09/16/2013
Decision Date:	03/06/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	11/08/2013

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 41-year-old male who reported injury on 09/16/2013. The mechanism of injury was stated to be the patient was on a schoolyard and noticed 2 females involved in a fight, and the patient was noted to run over and stop them. When they were stopped, 1 of the girls turned on the physical education teacher and kicked him. The patient was noted to have pre-existing condition in the cervical and lumbar spine of compression fractures that were aggravated by the assault. The patient was noted to have no EMGs; however, he was noted to have an MRI of the lumbar spine on a private basis in 2013, was noted to have 5 sessions of physical therapy, and was noted to have no chiropractic treatment or acupuncture. The patient was noted to have complaints of intermittent pain in the cervical spine and mid back with frequent headaches. The patient was noted to have continuous pain in the low back with pain travelling to the legs with episodes of numbness and tingling in the legs. The patient's diagnoses were noted to include cervical radiculopathy and lumbar radiculopathy. The request was made for an MRI of the cervical and lumbar spine to rule out a herniated disc or compressive neuropathy. It was indicated the patient had a history of compression fractures prior to the injury, so the patient was concerned that he may have significant instability as a result of the work related accident. An EMG/nerve conduction study of the upper and lower extremities was requested to rule out radiculopathy versus entrapment neuropathy, and there was a request for chiropractic care for 12 visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of cervical and lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 177-179, 303-305.

Decision rationale: ACOEM Guidelines indicate the criteria for ordering imaging studies include the emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery and clarification of anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory testing or bone scans. The clinical documentation submitted for review indicated the patient had a positive Spurling's test and sensation that was reduced in a C7 dermatomal distribution, along with muscle testing of 5/5. ACOEM Guidelines indicate unequivocal objective findings that identify specific nerve root compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. The clinical documentation submitted for review indicated the patient had a normal myotomal and dermatomal examination of the lumbar spine. There was lack of documentation indicating the patient had a necessity for an MRI. Given the above, the request for an MRI of the cervical & lumbar spine is not medically necessary and appropriate.

EMG/NCS to the bilateral upper and lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 177-179, 303-305.

Decision rationale: ACOEM Guidelines state that electromyography (EMG), including -reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 weeks or 4 weeks. The clinical documentation submitted for review failed to provide proof that the patient had focal neurologic dysfunction in the low back. The Official Disability Guidelines do not recommend 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 patient had objective findings in the lower extremities. There was rationale documented indicating the physician requesting the study to rule out radiculopathy versus entrapment neuropathy. However, given the lack of findings, the request for an NCS would not be supported. ACOEM Guidelines state that electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than 3 weeks or 4 weeks. The clinical documentation submitted for review indicated that the patient had a sensory deficit in the upper extremities in the C7 dermatomal distribution, and the patient was noted to have a positive

Spurling's on the left. There was a lack of documentation of the laterality of the sensation decrease. Additionally, while it was indicated the physician wished to have both studies to rule out radiculopathy versus entrapment neuropathy, the request as submitted included upper and lower extremities and the lower extremities were not supported for an EMG/NCS. The request for EMG/NCS is not medically necessary and appropriate.

Chiropractic care 3 times a week for 4 weeks for the neck and low back: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy Page(s): 58-59. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck & Upper Back Chapter.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that manual therapy and manipulation is recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. For the low back, therapy is recommended initially in a therapeutic trial of 6 sessions and with objective functional improvement a total of up to 18 visits over 6 weeks to 8 weeks may be appropriate. If chiropractic treatment is going to be effective, there should be some outward sign of subjective or objective improvement within the first 6 visits. Treatment beyond 4 visits to 6 visits should be documented with objective improvement in function. The clinical documentation submitted for review failed to provide the necessity for 12 visits without re-assessment after the first 6. Per the Official Disability Guidelines, the number of visits for a cervical strain is up to 6 visits over 2 weeks to 3 weeks. Given the above and the lack of documentation indicating a necessity for 12 visits, the request for Chiropractic care 3x wk for 4wks for the neck and low back is not medically necessary and appropriate.