

<b>Case Number:</b>	CM13-0064413		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	07/27/2013
<b>Decision Date:</b>	05/16/2014	<b>UR Denial Date:</b>	12/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/11/2013

### 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 has a subspecialty in Pain Medicine 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 claimant presents with a date of injury of July 27, 2013. A utilization review determination dated December 3, 2013 recommends modification of additional 6-8 chiropractic visits lumbar; non-certification of EMG, NCS lower extremities; and non-certification of orthopedic evaluation. The previous reviewing physician recommended non-certification of modification of additional 6-8 chiropractic visits lumbar due to clinical findings on examination and noncertification of EMG, NCS lower extremities and orthopedic evaluation due to the claimant should complete the 6 chiropractic treatments to determine if this treatment would be efficacious and bring about improvement. A First Report of Injury dated November 11, 2013 identifies patient's complaints of lower back pain increased on the right going to the right leg and foot and sleeping problem. Orthopedic evaluation identifies lumbar range of motion restricted 50% to 60% with pain more on the right. There was tenderness muscle spasm with myofascial pain and trigger point more on the right. Lasegue test positive at 40 degrees on the right and 60 degrees on the left. Patrick/FABER test created lower back pain more on the right. Kemp test increased back pain more on the right. Heel and toe walking was difficult to do. Diagnoses identify lumbar disk syndrome, radicular neuralgia, lumbar sprain/strain, segmental dysfunction lumbar spine, and sleeping problem. Treatment Request include additional 8 chiropractic visits to further help this patient improve his function and a request for EMG and nerve conduction velocity of lower extremity and orthopedic evaluation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **EIGHT ADDITIONAL CHIROPRACTIC VISITS FOR THE LUMBAR REGION:**

Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7)

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

**Decision rationale:** Chronic Pain Medical Treatment Guidelines support the use of chiropractic care for the treatment of chronic pain caused by musculoskeletal conditions. Guidelines go on to recommend a trial of up to 6 visits over 2 weeks for the treatment of low back pain. With evidence of objective functional improvement, a total of up to 18 visits over 6 to 8 weeks may be supported. Within the documentation available for review, the number of visits completed to date is unknown. There is no evidence of objective functional improvement with previous visits. Therefore, the request for eight additional chiropractic visits for the lumbar region is not medically necessary and appropriate.

**EMG, LOWER EXTREMITY:** 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. Decision based on Non-MTUS Citation and the Official Disability Guidelines (ODG)

**Decision rationale:** MTUS/ACOEM Guidelines state that unequivocal objective findings that identify specific nerve compromise on the neurologic exam are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery. When a neurologic examination is less clear however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. MTUS/ACOEM guidelines go on to state that electromyography may be useful to identify subtle focal neurologic dysfunction in patients with low back symptoms lasting more than 3 to 4 weeks. The Official Disability Guidelines (ODG) states that nerve conduction studies are not recommended for back conditions. Furthermore, there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Within the documentation available for review, the patient's lower back pain radiates to the right leg and foot. However, there are no objective findings of subtle focal neurologic dysfunction. The request for an EMG of the lower extremity is not medically necessary and appropriate.

**NCS, LOWER EXTEMITY:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**Decision rationale:** MTUS/ACOEM Guidelines state that unequivocal objective findings that identify specific nerve compromise on the neurologic exam are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery. When a neurologic examination is less clear however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. MTUS/ACOEM guidelines go on to state that electromyography may be useful to identify subtle focal neurologic dysfunction in patients with low back symptoms lasting more than 3 to 4 weeks. The Official Disability Guidelines (ODG) states that nerve conduction studies are not recommended for back conditions. Additionally, the ODG states that there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Within the documentation available for review, the patient's lower back pain radiates to the right leg and foot. However, guidelines do not recommend performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. The request for NCS of the lower extremity is not medically necessary and appropriate.

**ORTHOPEDIC EVALUATION:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations Chapter 7

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58.

**Decision rationale:** Regarding the request for orthopedic evaluation, California MTUS does not address this issue. ACOEM guidelines support consultation if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Within the documentation available for review, the patient has ongoing pain in the lumbar spine. There is no mention that the diagnosis is uncertain or extremely complex, psychosocial factors are present, or the plan or course of care may benefit from additional expertise. The request for an orthopedic evaluation is not medically necessary and appropriate.