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| Case Number: | CM14-0002108 | | |
| Date Assigned: | 04/04/2014 | Date of Injury: | 09/26/2011 |
| Decision Date: | 05/28/2014 | UR Denial Date: | 12/17/2013 |
| Priority: | Standard | Application Received: | 01/07/2014 |

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 Family Medicine and is licensed to practice in Arizona. 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 patient is a 49 year old male with a date of injury on September 26, 2011. The patient has been treated for ongoing low back symptoms with radiation to the legs. Subjective complaints are of low back pain radiating into the left lower extremity with numbness and tingling. Physical exam notes tenderness and pain with range of motion, positive seated straight leg raise test, and dysesthesia in the left L5-S1 dermatomes. X-rays of the lumbar spine reveal disc space height collapse at the levels of L5-S1. A lumbar MRI from June 4, 2012 shows disc disiccation at L4-S1 with central disc protusion without spinal stenosis or neural forminal narrowing. Lower extremity electromyogram (EMG) and nerve conduction velocity (NCV) from May 18, 2012 was normal. Submitted documentation indicates that the patient has not had prior chiropractic care.

IMR ISSUES, DECISIONS AND RATIONALES

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

AN MRI OF THE LUMBAR SPINE: 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): 304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, MRI.

Decision rationale: The ACOEM Guidelines recommend an MRI of lumbar spine when cauda equina, tumor, infection, or fractures are strongly suspected or if patient has had prior back surgery. The Official Disability Guidelines recommend an MRI for uncomplicated back pain with radiculopathy, after at least one (1) month conservative therapy, sooner if severe or progressive neurologic deficit. Also if there is suspicion for cancer, infection, or other "red flags." This patient did not show signs or symptoms suggestive of tumor, infection, fracture, or progressive neurologic deficit. Furthermore, the patient had a lumbar MRI in 2012, and has not had any significant change in symptoms since then. Therefore, the request for a Lumbar MRI is not medically necessary.

AN ELECTROMYOGRAM (EMG) OF THE BILATERAL LOWER EXTREMITIES:

Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

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) Low Back, EMG.

Decision rationale: The California MTUS Guidelines suggest that electromyography (EMG) may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. The Official Disability Guidelines recommend that an EMG may be useful to obtain unequivocal evidence of radiculopathy after one month of conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious. This patient has apparent radicular signs and symptoms, and also previously had an EMG in 2012, which was normal. Therefore, the request for a bilateral lower extremity EMG is not medically necessary.

EIGHT SESSIONS OF CHIROPRACTIC TREATMENT, TWO (2) TIMES PER WEEK FOR FOUR (4) WEEKS, FOR THE LUMBAR SPINE: Upheld

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

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines suggests a trial of manual therapy of six visits over 2 weeks, and if objective functional improvement up to 18 sessions over 6-8 weeks. MTUS guidelines also suggest therapy 1-2 times a week for two weeks depending on severity treatment may continue at one treatment per week for the next 6 weeks. If chiropractic care is going to be effective, there should be some outward sign of subjective or objective improvement within the first six visits. For this patient, the request is for eight chiropractic sessions, which exceeds guideline recommendations. Therefore, the request for chiropractic care is not medically necessary.

NERVE CONDUCTION VELOCITY (NCV) OF THE BILATERAL LOWER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

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, NCS.

Decision rationale: The Official Disability Guidelines do not recommend nerve conduction studies (NCS) due to minimal justification for performing NCS when a patient is presumed to have symptoms of radiculopathy, rather EMG is recommended as an option. This patient has low back pain with objective signs of radiculopathy, and had previously had a NCS in 2012, which was normal. Therefore, the request for a nerve conduction study is not medically necessary.