MAXIMUS Federal Services

Case Number:	CM14-0004421		
Date Assigned:	02/05/2014	Date of Injury:	08/01/2013
Decision Date:	09/08/2014	UR Denial Date:	12/30/2013
Priority:	Standard	Application Received:	01/13/2014

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 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 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 records presented for review indicate that this 26-year-old male was reportedly injured on August 1, 2013. The mechanism of injury is noted as unloading a truck. The most recent progress note, dated October 8, 2013, indicates that there are ongoing complaints of low back pain. The injured employee stated that he is doing better. The physical examination demonstrated tenderness over the lumbar spine paraspinal muscles and decreased lumbar spine range of motion. No muscle spasms were noted and there was a normal neurological examination. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes physical therapy. A request had been made for an MRI of the lumbar spine, EMG and NCV studies of the lower extremities and chiropractic care for the lumbar spine and was not certified in the pre-authorization process on December 30, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

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

Decision rationale: The ACOEM supports the use of MRI for the lumbar spine when there are unequivocal objective findings that identify specific nerve root compromise on exam and the injured employee would be willing to consider operative intervention. Based on the clinical documentation provided, the injured employee stated that he is doing better and there was a normal neurological examination. Considering this an MRI the lumbar spine is not medically necessary.

ELECTROMYOGRAPHY (EMG) OF BILATERAL LOWER EXTREMITIES: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG).

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

Decision rationale: The ACOEM Guidelines support electromyography (EMG) and nerve conduction velocities (NCV) to help identify subtle focal neurologic dysfunction in patients where a CT or MRI is equivocal and there are ongoing lower extremity symptoms. Given the lack of abnormal findings on neurological examination and mention of signs and symptoms consistent with a radiculopathy and/or peripheral neuropathy, this request for EMG studies of the bilateral lower extremities is not medically necessary.

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

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG).

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

Decision rationale: The ACOEM Guidelines support electromyography (EMG) and nerve conduction velocities (NCV) to help identify subtle focal neurologic dysfunction in patients where a CT or MRI is equivocal and there are ongoing lower extremity symptoms. Given the lack of abnormal findings on neurological examination and mention of signs and symptoms consistent with a radiculopathy and/or peripheral neuropathy, this request for NCV studies of the bilateral lower extremities is not medically necessary.

CHIROPRACTIC 2X6 FOR THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009) Page(s): 58-59.

Decision rationale: According to the most recent progress note dated October 8, 2013, the injured employee has stated that he is doing better. Additionally a trial of six visits of chiropractic care should be initially tried prior to continuing treatment. Considering this, the request for chiropractic care twice a week for six weeks for the lumbar spine is not medically necessary.