

Case Number:	CM14-0012319		
Date Assigned:	02/21/2014	Date of Injury:	03/17/2008
Decision Date:	06/26/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	01/30/2014

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 Pain Medicine and Rehabilitation, has a subspecialty in Pain Management, 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 patient is a 44 year old male with date of injury 3/17/08. The treating physician report dated 1/13/14 indicates that the patient presents with pain affecting lumbar spine with radiation into the left leg. The current diagnoses are: 1.Lumbosacral sprain 2.Myofascial pain 3.Sacroiliac subluxation The utilization review report dated 1/23/14 denied the request for EMG bilateral lower extremities, NCV study, chiropractic x8 and MRI of the lumbar spine based on ACOEM, MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG BILATERAL LOWER EXTREMITIES: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM PRACTICE GUIDELINES, 2ND EDITION (2004), , ELECTRODIAGNOSTIC STUDIES

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: The patient presents with low back pain rated a 2/10 with radiation to the left leg. The current request is for EMG bilateral lower extremities. The 1/13/14 treating physician report is a hand written report with very little information available. The objective

findings as documented by the treater states, "Skin: clean, Mental status: alert & orientated, Gait: normal, TTP left (unreadable) thoracic." The MTUS guidelines do not address electrodiagnostic studies. The ODG guidelines for EMG states, "Recommended as an option (needle, not surface)." The treater in this case has failed to document any objective evidence that could possibly indicate that the patient may have radiculopathy. However, the ODG guidelines state, "EMGs (electromyography) may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious. In this case there is no obvious radiculopathy and ODG does recommend EMG as an option. There is nothing in the records provided to indicate that the patient has previously had lower extremity EMG testing. Recommendation is for authorization

NCV NERVE CONDUCTION STUDY: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM PRACTICE GUIDELINES, 2ND EDITION (2004), , NERVE CONDUCTION STUDIES

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: The patient presents with low back pain rated a 2/10 with radiation to the left leg. The current request is for nerve conduction study. The treating physician report dated 1/13/14 states, "Request EMG/NCV of bilateral lower extremities." The MTUS Guidelines do not address electrodiagnostic studies (EDS). The ODG Guidelines states, "EDX testing should be medically indicated to rule out radiculopathy, lumbar plexopathy, peripheral neuropathy." The treater has documented complaints of left leg pain and has requested NCV of the bilateral lower extremities which is supported by ODG. Recommendation is for authorization.

CHIROPRACTIC TREATMENT #8: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, MANUAL THERAPY AND MANIPULATION,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation pg 58-60 Page(s): 58-60.

Decision rationale: The patient presents with low back pain rated a 2/10 with radiation to the left leg. The current request is for chiropractic treatment x 8. The treater in this case states, "Continue chiropractic session x8 more visits (with good benefits)." There is no information to indicate any functional improvements that were achieved with the previous chiropractic care. The MTUS Guidelines states, "Low back: Recommended as an option. Therapeutic care - Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks." The treater in this case has failed to document any objective functional improvements with prior chiropractic treatment, there is minimal pain reported and there is

nothing to document a change in the patient's condition that would warrant care at this time. Recommendation is for denial.

MRI LUMBAR SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM PRACTICE GUIDELINES, 2ND EDITION (2004), CHAPTER 12 - LOW BACK COMPLAINTS, MRI (MAGNETIC RESONANCE IMAGING)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

Decision rationale: The patient presents with low back pain rated a 2/10 with radiation to the left leg. The current request is for lumbar MRI. The treating physician report dated 1/13/14 does not document any objective findings other than, "TTP (unreadable) thoracic." The MTUS guidelines do not address lumbar spine MRI scans. The ODG guidelines lumbar chapter indicates MRI scans for, "Uncomplicated low back pain, suspicion of cancer, infection, other red flags. Uncomplicated low back pain, with radiculopathy, after at least 1 month conservative therapy, sooner if severe or progressive neurologic deficit. Uncomplicated low back pain, prior lumbar surgery. Uncomplicated low back pain, cauda equina syndrome." The treater in this case has not presented any evidence of any of the criteria associated with uncomplicated lower back pain to warrant an MRI of the lumbar spine. Recommendation is for denial.