

Case Number:	CM14-0116932		
Date Assigned:	08/04/2014	Date of Injury:	10/23/2001
Decision Date:	09/15/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	07/24/2014

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 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 injured worker is a 59 year-old female with a date of injury of 10/23/2001. The patient's industrially related diagnoses include chronic low back pain with radiculopathy, degeneration of lumbar disc and herniated lumbar disc with s/p fusion at L5-S1 and s/p hardware removal. The disputed issues are EMG/NCV of bilateral lower extremities and 12 sessions of chiropractic manipulation. A utilization review determination on 07/18/2014 had noncertified these requests. The stated rationale for the denial of the EMG/NCS was that since radiculopathy is already clinically obvious electrodiagnostic studies are not indicated. According to the utilization review, the injured worker was diagnosed with herniated lumbar disc and present with decreased motor and sensation in a specific distribution. The 12 sessions of chiropractic treatment were non-certified because the injured worker already completed over 24 chiropractic treatments and although she reported improvement previously. The utilization review states that "there was no recent improvement of the patient's condition and she continued to report persistent pain. There was also not an indication of an acute exacerbation.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV of bilateral lower extremities: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disabilities Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 60-61, 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Electromyography.

Decision rationale: With regard to EMG/NCS of the lower extremities to evaluate for lumbar radiculopathy, ACOEM states; Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. The update to ACOEM further states; The nerve conduction studies are usually normal in radiculopathy (except for motor nerve amplitude loss in muscles innervated by the involved nerve root in more severe radiculopathy and H-wave studies for unilateral S1 radiculopathy). Nerve conduction studies rule out other causes for lower limb symptoms (generalized peripheral neuropathy, peroneal compression neuropathy at the proximal fibular, etc.) that can mimic sciatica. Further guidelines can be found in the Official Disability Guidelines. The Official Disability Guidelines states the following regarding electromyography; recommended as an option (needle, not surface). EMGs (electromyography) may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious. EMGs may be required by the AMA Guides for an impairment rating of radiculopathy. With regard to nerve conduction studies, the Official Disability Guidelines states; Nerve conduction studies (NCS) are not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. However, it should be noted that this guideline has lower precedence than the ACOEM practice guidelines which are incorporated into the MTUS, which do recommend NCS. On a progress note dated 06/26/2014, the injured worker reports increased sharp pain in the low back. She reports radiation of pain and numbness down both legs down to the feet, left side greater than right. The physical exam notes positive findings that are consistent with the injured work's complaints. Therefore, nerve conduction studies are medically necessary in evaluations for lumbar radiculopathy as is evident in this injured worker's case.

Chiropractic manipulation; 12 sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to the guidelines, chiropractic treatment is recommended as an option for low back pain. It recommends a trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Furthermore, as to the number of treatment visits, it states a Delphi consensus study based on this meta-analysis has made some recommendations regarding chiropractic treatment frequency and duration for low back conditions. They recommend an initial trial of 6-12 visits over a 2-4 week period, and, at the midway point as well as at the end of the trial, there should be a formal assessment whether the treatment is continuing to produce satisfactory clinical gains. If the criteria to support continuing chiropractic care (substantive, measurable functional gains with remaining functional

deficits) have been achieved, a follow-up course of treatment may be indicated consisting of another 4-12 visits over a 2-4 week period. On a progress note dated 02/27/2014 the treating physician states that the injured worker had completed 24 visits of chiropractic care and that it greatly helped. However a later progress noted dated 04/29/2014 stated that the injured worker had 24 sessions of chiropractic physiotherapy for her lower back with minimal relief. On 05/30/2014, an additional 8 sessions of chiropractic manipulation between 04/24/2014 and 06/24/2014 were certified. However, on the progress note dated 06/26/2014 the injured worker reported that she was relatively the same since her last visit and was experiencing an "increased sharp pain in the low back. She reports radiation of pain and numbness down both legs down to feet, left side greater than right. The assessment of the injured worker at that point did not indicate that she was improving with chiropractic treatment and there is no documentation of functional improvement or "measurable functional gains. Therefore, continuation of 12 sessions of chiropractic treatment is not indicated and not medically necessary.