

<b>Case Number:</b>	CM14-0137925		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	02/14/2014
<b>Decision Date:</b>	11/07/2014	<b>UR Denial Date:</b>	08/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2014

### 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 Licensed in Chiropractor 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 is a 44-year-old female who was involved in a work injury on 2/14/2014. The injury was described as "while at work she slipped and injured her back." The claimant presented to the office of [REDACTED] on the same day, complaining of lower back pain. The claimant was diagnosed with lumbar sprain/strain. The claimant was prescribed medication and 6 sessions of physical therapy. On 2/18/2014 the claimant was evaluated by [REDACTED]. The claimant followed up with [REDACTED] on 4/21/2014 and 5/19/2014. The recommendation from [REDACTED] was for a referral for chiropractic treatment at 2 times per week for 6 weeks in addition to acupuncture at 3 times per week for 6 weeks. There was also a recommendation for an MRI of the right knee and lumbar spine in addition to a right knee brace. On 6/25/2014 the claimant changed treating providers and presented to the office of [REDACTED]. The claimant was diagnosed with medication-induced gastritis, cervical spine sprain/strain with mild spasm, lumbar spine sprain/strain with radiculopathy, status post left knee arthroscopy and bilateral knee sprain/strain. The recommendation was for chiropractic treatment to include physiotherapy at 2 times per week for 4 weeks, acupuncture 2 times per week for 4 weeks, EMG/NCV of the bilateral lower extremities, and MRI of the bilateral knees, cervical spine, and lumbar spine. On 8/12/2014 the claimant underwent an MRI of the cervical spine. On 8/8/2014 [REDACTED] reevaluated the claimant who noted continued upper back pain at 7/10, lower back pain at 8/10, right knee pain at 7/10, and left knee pain at 4/10 on the visual analogue scale. The recommendation was for 12 chiropractic treatments, 12 acupuncture treatments, and an MRI of an unknown body part. A request for 8 chiropractic supervised physiotherapy treatments for the lumbar spine, 8 acupuncture treatments, and range of motion testing was denied by peer review. A request for EMG/NCV of the bilateral lower extremities was also denied by peer review.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Chiropractic Treatment With Chiropractic Supervised Physiotherapy, Two Times A Week For Four Weeks: 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 manipulation section, Page(s): page(s) 58.

**Decision rationale:** The MTUS chronic pain treatment guidelines, page 58, give the following recommendations regarding manipulation: "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 requested 8 treatments exceed this guideline. Moreover, there have been request for chiropractic treatment in the past with no evidence of improvement as result of the previous course of therapy. Therefore, the medical necessity for the requested 8 chiropractic treatments was not established. Therefore, the request is not medically necessary.

### **Acupuncture Two Times A Week For Four Weeks: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** California acupuncture medical treatment guidelines indicate that an initial trial of 3-6 treatments can be considered appropriate. With evidence of functional improvement the need for additional acupuncture can be considered. The requested 8 treatments exceed this guideline. Moreover, it appears that the claimant has received acupuncture treatment in the past. Prior to certifying any additional acupuncture there must be documented functional improvement with respect to the previous course of therapy. Given the absence of any documented improvement as result of the previous course of acupuncture, the medical necessity for the requested 8 additional treatments was not established. Therefore, the request is not medically necessary.

### **EMG (Electromyography): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, table 12-8.

**Decision rationale:** ACOEM guidelines support the use of EMG/NCS to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks. Specifically, ACOEM guidelines support electrodiagnostic studies as helpful in identifying low back pathology for disc protrusion but not for strain, cauda equina syndrome, spinal stenosis, or post laminectomy syndrome (Chapter 12, table 12-8 and page 303). There is no evidence of significant neurologic deficits in the submitted documentation to support the requested EMG of the bilateral lower extremities. Therefore, the request for EMG is not medically necessary.

**Nerve Conduction Study (NCV): Upheld**

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

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

**Decision rationale:** ACOEM guidelines support the use of EMG/NCS to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks. Specifically, ACOEM guidelines support electrodiagnostic studies as helpful in identifying low back pathology for disc protrusion but not for strain, cauda equina syndrome, spinal stenosis, or post laminectomy syndrome (Chapter 12, table 12-8 and page 303). There is no evidence of significant neurologic deficits in the submitted documentation to support the requested NCV of the bilateral lower extremities. Therefore, the request for NCV is not medically necessary.

**Range of Motion and Muscle Testing for the Lumbar Spine:**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Flexibility

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** MTUS Guidelines do not address this request. ODG guidelines, web-based version, low back chapter give the following recommendations regarding office visits and range of motion: "Recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged." Range of motion is "not recommended as a primary criteria, but should be a part of a routine musculoskeletal evaluation." Range of motion testing is a standard component of the E/M encounter. The separate billing of range of motion and muscle testing is not supported. Therefore, the request for separate range of Motion in Muscle Strength Testing is not medically necessary.