

<b>Case Number:</b>	CM14-0149392		
<b>Date Assigned:</b>	10/30/2014	<b>Date of Injury:</b>	04/16/2002
<b>Decision Date:</b>	12/05/2014	<b>UR Denial Date:</b>	08/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. 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 58 year old female who was injured on 4/12/2002. The diagnoses are lumbar radiculopathy and status post lumbar decompression surgery. There are associated diagnoses of major depression and anxiety. On 10/1/2014, [REDACTED] noted subject's complaints of low back pain radiating to the lower extremities. The pain score was rated at 9/10 on a scale of 0 to 10. There is associated numbness and tingling sensation of the lower extremity along the L4 and L5 dermatomes. There were objective findings of paravertebral muscle tenderness. The reflexes were normal. The medications are cyclobenzaprine for muscle spasm, tramadol and Voltaren for pain. A Utilization Review determination was rendered on 8/14/2014 recommending non certification for MRI lumbar spine, EMG/NCV of the bilateral lower extremity, Chiropractic treatment X2 for 6 weeks of the lumbar spine and Acupuncture treatment X1 per week for 6 weeks.

### 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:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter

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

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that MRI can be utilized for the evaluation of chronic low back pain with progressive neurological deficits. The records indicate that the patient had subjective and objective findings consistent with severe low back pain with radiculopathy. There is a past history of lumbar decompression surgery that could lead to further unstable lumbar spine with pressure on the nerve roots. These changes are best evaluated by an MRI of the lumbar spine. The criteria for MRI of the lumbar spine was met.

**EMG/NCV of the bilateral lower extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter

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

**Decision rationale:** The CA MTU did not fully address the use of EMG/NCV in the evaluation of low back pain. The ODG guidelines recommend that EMG/NCV can be utilized for the confirmatory test of radiculopathy when subjective, objective and radiological reports are inconclusive. The records did not show significant deficit in reflex and motor tests of the lower extremities. There is some subjective evidence of sensory loss. The result of MRI study of the lumbar spine to determine the diagnostic value of additional EMG/NCV studies to evaluate lumbar radiculopathy is pending. The criteria for EMG / NCV studies of bilateral lower extremities was not met.

**Chiropractic treatment 2 times a week for 6 weeks (lumbar spine):** Upheld

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

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

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that physical therapy can be utilized during the acute injury phase and during exacerbation of musculoskeletal pain to decreased pain and increase range of motion of the affected parts. Chiropractic treatment is utilized as alternatives to manual or massage treatment in the treatment of musculoskeletal pain. This is a form of passive physical therapy without long lasting beneficial effects. It is more applicable during the acute injury phase before progression to active physical therapy and home exercise program. The records did not show that the patient was experiencing acute exacerbation of the musculoskeletal pain. It is unclear if the treatment of the significant psychosomatic

conditions is optimized. The criteria for Chiropractic treatment X2/week for 6 week for the lumbar spine was not met.

**Acupuncture 1 time a week for 6 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that acupuncture can be utilized in the treatment of musculoskeletal pain. The guidelines recommend that acupuncture treatments can be repeated if there are documented beneficial effects as shown by reduction in pain score, reduction in medications utilization and increased ADL / physical function following a prior acupuncture treatment. The records indicate that the patient completed acupuncture treatments earlier in 2014. There is no documentation of the treatment outcome showing beneficial effects following the prior acupuncture treatments that was completed in July, 2014. The criteria for acupuncture treatments X1/week for 6 weeks was not met.