

<b>Case Number:</b>	CM14-0158487		
<b>Date Assigned:</b>	10/02/2014	<b>Date of Injury:</b>	06/15/2013
<b>Decision Date:</b>	12/26/2014	<b>UR Denial Date:</b>	08/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/26/2014

### 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 Board Certified in Preventive 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:

According to the records made available for review, this is a 56-year-old female with a 6/15/13 date of injury. At the time (8/30/14) of request for authorization for trial of 6 chiropractic visits for the lumbar spine, MRI of the lumbar spine, EMG of the bilateral lower extremity, and NCV of the bilateral lower extremity, there is documentation of subjective (lumbar spine locking up, giving way, tenderness, limitation of motion, weakness, radiation of pain into both buttocks and thighs, numbness and tingling in the lower extremities) and objective (lumbar spine tenderness to palpation, decreased range of motion, negative straight leg raise, patchy decreased sensation in the bilateral lower extremities in the L5 and S1 distributions) findings, imaging findings (reported lumbar spine MRI (7/25/13) include L5-S1 5/5 m annular bulge abutting and mildly deforming the S1 root sleeves with mild central stenosis and mild bilateral neuroforaminal stenosis; L4-5 mild central stenosis with moderate left-sided bony foraminal stenosis; L4-5 facet hypertrophy which contributes to the mild central stenosis; report not available for review), current diagnoses (lumbar spine strain and lumbar radiculopathy), and treatment to date (epidural steroid injections, facet injections, trigger point injections, activity modification, and physical therapy). Regarding chiropractic visits for the lumbar spine, it cannot be determined if this is a request for initial or additional chiropractic treatments. Regarding the requested MRI of the lumbar spine, there is no documentation of a diagnosis/condition (with supportive subjective/objective findings) for which a repeat study is indicated (a change in the patient's condition marked by new or altered physical findings). Regarding the requested EMG of the bilateral lower extremity and NCV of the bilateral lower extremity, there is no documentation of failure of additional conservative therapy and a rationale for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **trial of 6 chiropractic visits for the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-299, Chronic Pain Treatment Guidelines Manual Therapy & manipulation Page(s): 58.

**Decision rationale:** MTUS reference to ACOEM identifies documentation of objective functional deficits and functional goals as criteria necessary to support the medical necessity of chiropractic treatment. In addition, MTUS Chronic Pain Medical Treatment Guidelines supports a trial of 6 visits, with evidence of objective functional improvement, total of up to 18 visits. Within the medical information available for review, there is documentation of diagnoses of lumbar spine strain and lumbar radiculopathy. In addition, there is documentation of functional deficits and functional goals. However, given documentation of a 6/5/13 date of injury, where there would have been an opportunity to have had previous chiropractic treatment, it is not clear if this is a request for initial or additional (where chiropractic treatment provided to date may have already exceeded guidelines regarding a time-limited plan and there is the necessity of documenting functional improvement) chiropractic treatment. Therefore, based on guidelines and a review of the evidence, the request for trial of 6 chiropractic visits for the lumbar spine is not medically necessary.

### **MRI of the lumbar spine:** 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): 303-304. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Official Disability Guidelines (ODG) Minnesota Rules, 5221.6100 Parameters for Medical Imaging

**Decision rationale:** MTUS reference to ACOEM guidelines identifies documentation of red flag diagnoses where plain film radiographs are negative; objective findings that identify specific nerve compromise on the neurologic examination, failure of conservative treatment, and who are considered for surgery, as criteria necessary to support the medical necessity of MRI. ODG identifies documentation of a diagnosis/condition (with supportive subjective/objective findings) for which a repeat study is indicated (such as: To diagnose a suspected fracture or suspected dislocation, to monitor a therapy or treatment which is known to result in a change in imaging findings and imaging of these changes are necessary to determine the efficacy of the therapy or treatment (repeat imaging is not appropriate solely to determine the efficacy of physical therapy or chiropractic treatment), to follow up a surgical procedure, to diagnose a change in the patient's

condition marked by new or altered physical findings) as criteria necessary to support the medical necessity of a repeat MRI. Within the medical information available for review, there is documentation of diagnoses of lumbar spine strain and lumbar radiculopathy. However, given documentation of previous MRI findings consistent with L5-S1 5/5 m annular bulge abutting and mildly deforming the S1 root sleeves with mild central stenosis and mild bilateral neuroforaminal stenosis; L4-5 mild central stenosis with moderate left-sided bony foraminal stenosis; L4-5 facet hypertrophy which contributes to the mild central stenosis, there is no documentation of a diagnosis/condition (with supportive subjective/objective findings) for which a repeat study is indicated (a change in the patient's condition marked by new or altered physical findings). Therefore, based on guidelines and a review of the evidence, the request for MRI of the lumbar spine is not medically necessary.

**EMG of the bilateral lower extremity:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Electrodiagnostic studies

**Decision rationale:** MTUS reference to ACOEM guidelines identifies documentation of focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks, as criteria necessary to support the medical necessity of electrodiagnostic studies. ODG identifies documentation of evidence of radiculopathy after 1-month of conservative therapy, as criteria necessary to support the medical necessity of electrodiagnostic studies. Within the medical information available for review, there is documentation of diagnoses of lumbar spine strain and lumbar radiculopathy. In addition, there is documentation of focal neurologic dysfunction, low back symptoms lasting more than three to four weeks. However, given documentation of the associated request for chiropractic treatment, there is no (clear) documentation of failure of additional conservative therapy. Therefore, based on guidelines and a review of the evidence, the request for EMG of the bilateral lower extremity is not medically necessary.

**NCV of the bilateral lower extremity:** 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Electrodiagnostic studies

**Decision rationale:** MTUS reference to ACOEM guidelines identifies documentation of focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks, as criteria necessary to support the medical necessity of electrodiagnostic studies. ODG identifies documentation of evidence of radiculopathy after 1-month of conservative therapy, as

criteria necessary to support the medical necessity of electrodiagnostic studies. In addition, ODG does not consistently support performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Within the medical information available for review, there is documentation of diagnoses of lumbar spine strain and lumbar radiculopathy. In addition, there is documentation of focal neurologic dysfunction, low back symptoms lasting more than three to four weeks and failure of conservative therapy. However, documentation of the associated request for chiropractic treatment, there is no (clear) documentation of failure of additional conservative therapy. In addition, given documentation of radiculopathy, there is no documentation of a rationale for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Therefore, based on guidelines and a review of the evidence, the request for NCV of the bilateral lower extremity is not medically necessary.