

Case Number:	CM14-0168332		
Date Assigned:	10/15/2014	Date of Injury:	10/11/2013
Decision Date:	12/04/2014	UR Denial Date:	10/10/2014
Priority:	Standard	Application Received:	10/13/2014

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 Anesthesiologist, has a subspecialty in Pain Medicine and is licensed to practice in 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 injured worker is a 30-year-old male who reported an injury on 10/11/2013. While assisting a male student who was in a wheelchair towards the restroom, the injured worker bent forward and tried to lift the student from the wheelchair to place him on the toilet seat. He indicated that the restroom was too small for both of them, so he was unable to move and carry the student properly. The injured worker immediately experienced a mild to moderate pain in the left side of his lower back. The injured worker has been treated with anti-inflammatories, muscle relaxants, and physical therapy. It was reported that the injured worker was able to complete 8 to 9 sessions of physical therapy and then reported that his symptoms were slightly worsened during the therapy. The injured worker also had chiropractic adjustments, massages, and nerve stimulation. The injured worker did have an MRI of the lumbar spine, but the results were never discussed with him. The physical examination on 10/02/2014 revealed complaints of constant sharp, left sided pain in the lower back. It was reported that the pain radiated to the hips. The injured worker also reported he experienced muscle spasms in the left calf and a numbness and tingling sensation in the left foot. The injured worker rated his low back pain as a 7/10 on a good day and an 8/10 on a bad day. The injured worker did report difficulty staying asleep. Medications were Tylenol, tramadol cream 4 to 5 times daily, omeprazole, and a muscle relaxant. Palpation of the lumbar spine revealed spasm was present in the paraspinal muscles. There was tenderness to palpation of the paraspinal muscles. The sensory examination revealed deficit in both feet. Range of motion was reported as restricted. Muscle testing in the lower extremities was 5/5. Reflexes for patellar and Achilles bilaterally were 2+. Sitting straight leg raising was positive bilaterally. The diagnosis was lumbar radiculopathy. The request was for chiropractic treatment 3x4 for low back and an EMG/NCS bilateral lower extremities. The rationale and Request for Authorization were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 3x4 for low back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy Page(s): 58-59.

Decision rationale: The decision for chiropractic 3x4 for low back is not medically necessary. The California Medical Treatment Utilization Schedule states that manual therapy and manipulation is recommended for chronic pain if caused by musculoskeletal conditions. For the low back, therapy is recommended initially in a therapeutic trial of 6 sessions and with objective functional improvement a total of up to 18 visits over 6 to 8 weeks may be appropriate. Treatment for flare ups requires a need for re-evaluation of prior treatment success. Treatment is not recommended for the ankle and foot; carpal tunnel syndrome; the forearm, wrist, and hand; or the knee. If chiropractic treatment is going to be effective, there should be some outward sign of subjective or objective improvement within the first 6 visits. Treatment beyond 4 to 6 visits should be documented with objective improvement in function. The maximum duration is 8 weeks and in 8 weeks patients should be re-evaluated. Care beyond 8 weeks may be indicated for certain chronic pain patients in whom manipulation is helpful in improving function, decreasing pain, and improving quality of life. The medical guidelines state there should be some outward sign of subjective or objective improvement within the first 6 visits. The request states chiropractic 3x4 for low back, which exceeds the recommended visits. There were no other significant factors provided to justify the use outside of current guidelines. Therefore, this request is not medically necessary.

EMG/NCS bilateral lower extremities: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178 table 8-8.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The decision for EMG/NCS bilateral lower extremities is medically necessary. The California ACOEM Guidelines state that electromyography may be useful to identify subtle, focal neurologic dysfunction in injured workers with low back symptoms lasting more than 3 to 4 weeks. There was a lack of neurological deficits pertaining to the lumbar spine documented. The clinical note revealed low back pain with radiation to the lower extremity. However, there was no evidence of motor strength or reflex deficits. The examination was noted that sensory examination revealed deficit in both feet. The injured worker also had bilateral straight leg raise testing. Due to the findings of the physical examination of sensory deficit and

straight leg raise, and the failure of conservative care such as physical therapy and chiropractic sessions, this request is medically necessary.