

Case Number:	CM14-0031874		
Date Assigned:	06/20/2014	Date of Injury:	10/03/2013
Decision Date:	07/21/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/13/2014

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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for low back pain reportedly associated with an industrial injury of October 3, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; and extensive periods of time off of work. In a Utilization Review Report dated February 27, 2014, the claims administrator denied a request for chiropractic manipulative therapy, electrodiagnostic testing of the bilateral lower extremities, and functional improvement testing/functional capacity testing. A variety of non-MTUS Guidelines were cited, including non-MTUS-ODG Guidelines on Electrodiagnostic Testing and non-MTUS Guidelines on Functional Capacity Evaluations. The claims administrator also cited non-MTUS Chapter 7 ACOEM Guidelines in its decision to deny the functional capacity evaluation which it erroneously labeled as originating from the MTUS. The applicant's attorney subsequently appealed. In a progress note dated October 3, 2013, the applicant apparently presented with low back pain. The applicant was placed off of work, on total temporary disability. On November 18, 2013, the applicant was again placed off of work, on total temporary disability. It was stated that the applicant was in the process of pursuing physical therapy. On December 9, 2013, the applicant was described as having responded favorably to physical therapy but was again placed off of work, on total temporary disability. On January 20, 2014, the applicant was described as reporting persistent low back pain. The applicant was walking without difficulty and reported milder distress on this occasion. The applicant was able to lift her son. A 15-pound lifting limitation was endorsed. It was not clearly stated whether or not the applicant was in fact working or not on this occasion. On an earlier note of January 6, 2014, however, the applicant was described as working for another company from home but was not apparently working at her preinjury employer. In an October 3, 2013 progress note, the

applicant was described as having a past medical history notable only for kidney stones. The applicant did report low back pain radiating to the left leg, it was stated. MRI imaging was notable for disk protrusion at L5-S1 described only as a minimal slippage.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Therapy with Modalities x 4 weeks - Back.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-299.

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

Decision rationale: While page 58 of the MTUS Chronic Pain Medical Treatment Guidelines does endorse manual therapy and manipulation in the treatment of chronic musculoskeletal pain, including the chronic low back pain present here, page 58 of the MTUS Chronic Pain Medical Treatment Guidelines supports initial delivery of care via a trial of six visits over two weeks. With evidence of improvement, however, a total of 18 visits over six to eight weeks are supported, it is suggested on page 58 of the MTUS Chronic Pain Medical Treatment Guidelines. In this case, however, the attending provider has seemingly sought authorization for four weeks of treatment, seemingly well in excess of the two-week trial recommended on page 58 of the MTUS Chronic Pain Medical Treatment Guidelines. No rationale for treatment this far in excess of MTUS parameters was provided. Therefore, the request is not medically necessary.

Electromyography (EMG) Bilateral Lower Extremities: Overturned

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

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

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, page 303, EMG testing may be helpful to identify subtle, focal neurologic dysfunction in applicants with low back complaints which persist greater than three to four weeks. In this case, the applicant does have ongoing issues with low back pain radiating to the left leg which has apparently persisted for several months. EMG testing to clearly delineate the presence or absence of a bona fide radiculopathy is indicated, particularly in light of the earlier negative to equivocal lumbar MRI imaging study above. Therefore, the request is medically necessary.

Nerve conduction velocity (NCV) studies Bilateral Lower Extremities: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM V.3 Low Back Diagnostic and Treatment Considerations Electromyography.

Decision rationale: The MTUS does not address the topic. However, as noted in the Third Edition ACOEM Guidelines Low Back Chapter Electromyography section, nerve conduction testing is usually normal in suspected radiculopathies. However, nerve conduction testing can be employed to help identify a condition which could mimic sciatica, such as, for instance, peroneal compression neuropathy. In this case, however, there is no clearly voiced suspicion of any neuropathic process which would support the need for nerve conduction testing here. The applicant apparently does not have any systemic disease processes such as hypothyroidism, diabetes, or hypothyroidism which would predispose toward development of a lower extremity peripheral neuropathy. Therefore, the request is not medically necessary.

Functional Improvement Measurement using NIOSH testing x 30 days: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM - Chapter 7, Independent Medical Examinations and Consultations, Page 132-139.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21.

Decision rationale: The request in question appears to represent a form of functional capacity testing. While the MTUS-adopted ACOEM Guidelines in Chapter 2, page 21 does suggest considering functional capacity testing to help translate functional impairment into limitations and restrictions, in this case, however, the applicant is seemingly improving over time. The applicant has apparently returned to work, albeit at another employer, effectively obviating the need for functional capacity testing. Therefore, the request is not medically necessary.