

<b>Case Number:</b>	CM14-0035488		
<b>Date Assigned:</b>	06/30/2014	<b>Date of Injury:</b>	02/09/2012
<b>Decision Date:</b>	08/14/2014	<b>UR Denial Date:</b>	02/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/21/2014

### 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 patient is a 56 year old female who was injured on 02/09/2012 when she bent over to talk to a child and the child jumped up to hug her and she felt immediate pain into her mid and lower back. She has been treated conservatively with physical therapy, chiropractic treatment, and massage therapy with only temporary relief. Diagnostic studies reviewed include MRI of the lumbar spine dated 11/28/2012 revealed a 5 mm disc bulge at L1-2, a 3 mm bulge at L2-3, a 5 mm disc bulge at L4-5 with right paracentral disc bulging , a 2 mm disc bulge at L5-S1. Progress report dated 02/13/2014 states the patient complained of low back pain radiating to the left leg with prolonged sitting and complained of muscle tightness. She has pain with range of motion. On exam, the lumbar spine reveals positive straight leg raise on the right and positive lumbar paraspinal spasm. She has tenderness as well and pain with extension. She is diagnosed with lumbosacral strain and facet arthropathy. She has been recommended 12 chiropractic visits, and obtain an updated MRI of the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG bilateral lower extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines-low back.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Electrodiagnostic Studies.

**Decision rationale:** According to ODG guidelines, Electromyography is, recommended as an option (needle, not surface). EMGs (electromyography) may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious. In this case the patient has chronic low back pain and presents with worsening left leg pain. There are findings of radiculopathy on a 2/13/14 examination. However, prior lumbar MRI on 11/28/14 did not demonstrate clear nerve impingement, and prior examinations did not clearly show radiculopathy. As such EMG would be indicated to rule out left lower extremity radiculopathy for this case in which diagnostic uncertainty remains; there are no right lower extremity complaints or findings ,bilateral lower extremity EMG is not medically necessary.

**Chiropractor 2x 6 weeks for thorocolumbar:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-299,303,Chronic Pain Treatment Guidelines Page(s): 58. Decision based on Non-MTUS Citation Official Disability Guidelines -Low Back.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Manipulation.

**Decision rationale:** According to MTUS guidelines, chiropractic manipulation of the low back is recommended as an option for chronic pain up to 18 visits. In this case the patient has completed 25-40 chiropractic sessions, which exceeds guideline recommendations. Further, medical records do not demonstrate clinically significant functional improvement from chiropractic manipulation to justify additional treatment. Requested treatment is not medically necessary.

**NCS bilateral lower extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-299,303,Chronic Pain Treatment Guidelines Page(s): 58. Decision based on Non-MTUS Citation Official Disability Guidelines-Low Back.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Electrodiagnostic Studies.

**Decision rationale:** According to ODG guidelines, Nerve Conduction Studies are not recommended in the evaluation of lower extremity radiculopathy. Further, the patient does not have right lower extremity signs or symptoms. Requested treatment is not medically necessary.