

Case Number:	CM14-0040134		
Date Assigned:	06/27/2014	Date of Injury:	11/06/2013
Decision Date:	09/15/2014	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	04/05/2014

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 Physical Medicine and Rehabilitation, and is licensed to practice in Nevada. 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 records presented for review indicate that this 31-year-old male was reportedly injured on November 6, 2013. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated February 25, 2014, indicates that there are ongoing complaints of pain and stiffness of the mid and lower back radiating to the lower extremities. The physical examination demonstrated tenderness over the paraspinal muscles of the thoracic and lumbar spine. There was a positive straight leg raise test bilaterally at 50 and decreased sensation to light touch in both lower extremities although it is not stated where. There was decreased range of motion of the lumbar spine. An Electromyogram (EMG) and MRI of the lumbar spine were recommended. Previous diagnostic imaging studies were not discussed. Previous treatment is unknown. A request had been made for an MRI the lumbar spine, chiropractic therapy twice week for six weeks for the lumbar spine, and EMG studies of the lower extremities and was not certified in the pre-authorization process on March 7, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic/physiotherapy 2 times a week for 6 weeks to the thoracic/lumbar spine:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009) Page(s): 58-59 OF 127.

Decision rationale: The California MTUS Guidelines support the use of manual therapy and manipulation (chiropractic care) for low back pain as an option. A trial of 6 visits over 2 weeks with the evidence of objective functional improvement, and a total of up to #18 visits over 16 weeks is supported. The requested number of 12 visits exceeds the limit of six weeks for the chiropractic trial. Therefore this request for chiropractic/physiotherapy twice a week for six weeks for the thoracic/lumbar spine is not medically necessary.

MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: The ACOEM practice guidelines support an MRI of the lumbar spine for patients with sub-acute or chronic radiculopathy lasting at least 4 to 6 weeks if symptoms are not trending towards improvement, and if both the patient and surgeon are considering prompt surgical treatment, assuming the MRI confirms ongoing nerve root compression. The most recent progress note dated February 25, 2014, indicates nonspecific neurological findings. Considering this, the request for an MRI of lumbar spine is not medically necessary.

Electromyography (EMG) of bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: The ACOEM practice guidelines support electromyography (EMG) and nerve conduction velocities (NCV) to help identify subtle focal neurologic dysfunction in patients where a CT or MRI is equivocal and there are ongoing lower extremity symptoms. Given the lack of documentation of a proper neurological exam, or mention of signs and symptoms consistent with a radiculopathy and/or peripheral neuropathy, this request is considered not medically necessary.