

<b>Case Number:</b>	CM14-0044732		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	04/03/2013
<b>Decision Date:</b>	08/11/2014	<b>UR Denial Date:</b>	03/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/19/2014

### 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 32-year-old female was reportedly injured on 4/3/2013. The mechanism of injury occurred when the injured worker pulled a sofa bed and felt pain in her lower back and buttocks. The most recent progress note, dated 12/23/2013, indicated that there were ongoing complaints of neck, low back, and shoulder and knee pains. The physical examination demonstrated cervical and lumbar spine: Pain and spasms. Positive cervical spine compression test. Positive straight leg sign. Shoulders: Pain on the anterior/posterior aspect. Range of motion 90% normal. Positive impingement. Bilateral knees: Pain on the medial and lateral aspects. Positive McMurray's bilaterally. Diagnostic imaging studies included an MRI of the cervical spine from 2/27/2014, which revealed C2-C3, and C4 disk desiccation. MRI of the lumbar spine, dated January 26, 2014 revealed disk desiccation at L3-L4 and L5-S1. Disc protrusion at L3-L4, and L5-S-1 which causes stenosis of the spinal canal. Previous treatment included acupuncture, medications and conservative treatment. A request was made for chiropractic two visits a week for four weeks to the low back, physical therapy 2 visits a week x 4 weeks to the low back, EMG/NCV of the bilateral lower extremities and pain management consultation and was not certified in the pre-authorization process on 3/13/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic 2x4 to the low back:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-59 of 127.

**Decision rationale:** CA 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 were supported. After review of the available medical records, there was no clinical documentation or baseline level of function to show future subjective or objective improvements with the requested treatment. Therefore, the request is not medically necessary.

**Physical Therapy 2 x 4 to low back:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98, 99 of 127..

**Decision rationale:** The CA MTUS supports the use of physical therapy for the management of chronic pain specifically myalgia and radiculitis and recommends a maximum of ten visits. The claimant has multiple chronic complaints, and review of the available medical records failed to demonstrate an improvement in pain or function. The claimant underwent previous sessions of functional restoration therapy and in the absence of clinical documentation to support additional visits, this request is not considered medically necessary.

**EMG/NCV of the bilateral lower extremities:** Upheld

**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:** ACOEM Guidelines state Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurological dysfunction in patients with low back symptoms lasting more than three or four weeks. However, after reviewing the medical documentation provided, there was inadequate objective physical exam findings for radiculopathy. Therefore, the request for this diagnostic study is deemed not medically necessary.

**Pain management consult:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines chronic pain - consultation Page(s): 1.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd edition, Chapter 7 - Independent Medical Examinations and Consultations, page 127.

**Decision rationale:** MTUS ACOEM Guidelines state the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. An independent medical assessment also may be useful in avoiding potential conflict(s) of interest when analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification. However, after reviewing the medical documentation provided, there was no subjective or objective clinical findings stating the patient had pain that was not controlled with the current regimen. Therefore, the request for referral is deemed not medically necessary.