

Case Number:	CM14-0060820		
Date Assigned:	07/09/2014	Date of Injury:	03/15/2013
Decision Date:	09/05/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	05/01/2014

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 Anesthesiology has a subspecialty in Pain Management 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:

Patient is a 39-year-old female 03/15/13 date of injury. QME report dated 05/12/14 states that patient slipped and fell twisting her left leg beneath her. She felt pain in mid to low back and left ankle. She attended 12-15 sessions of physical therapy, and although left ankle symptoms improved, low back symptoms worsened with numbness and tingling in legs. She also stated that pain extended up her spine to the neck and right shoulder. Underwent MRI for low back, neck, right shoulder, knees as well as EDS of lower extremities. 15-20 sessions of acupuncture and chiropractic care in each modality was received. Right shoulder and cervical injections provided relief. She was also dispensed a TENS unit. Lumbar spine shows tenderness. Pain to flexion to 40 degrees, extension 20 degrees right and left rotation 20 degrees with pain. SLR is positive at 70 degrees right and left. Lasegue is negative. Some pain in the knees with full extension. Some pain in left ankle conversion. No motor weakness or decreased sensation in lower extremities. X-ray: Thoracic spine with degenerative changes at multiple levels with osteophyte formation. Knee joint space intact with some bilateral patellofemoral joint disease. MRI of the lumbar spine dated 07/12/13 confirms disc protrusions involving L4-5 and L5-S1, with spinal canal stenosis and nerve root contact. EDS dated 07/26/13 confirms acute Left left L5 radiculopathy. Diagnoses: complaints of pain cervical spine, shoulder, bilateral knees. Thoracolumbar sprain/strain with left L5 radiculopathy. Left knee sprain/strain, possible meniscal tear, left ankle sprain, improved.

IMR ISSUES, DECISIONS AND RATIONALES

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

Initial chiropractic treatment of the low back x 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-59.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-299, Chronic Pain Treatment Guidelines Page(s): 58.

Decision rationale: CA MTUS states that manipulation appears safe and effective in the first few weeks of back pain without radiculopathy. In addition, a request to initiate treatment would make it reasonable to require documentation of objective functional deficits, and functional goals for an initial trial of 6 chiropractic/manipulation treatment. Records state that patient had 15-20 sessions of acupuncture and chiropractic care per modality. However, patient is still presenting with radicular pain, which is demonstrated clinically and corroborated by MRI and EDS therefore 12 visits of chiropractic care is not medically necessary.

EMG of the bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, ODG states that electrodiagnostic studies are recommended (needle, not surface). EMGs (electromyography) may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious (Bigos, 1999) (Ortiz-Corredor, 2003). Nerve conduction studies (NCS) are not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. (Utah, 2006) (ODG, Low Back Chapter).

Decision rationale: CA MTUS states that electromyography (EMG), including H-reflex tests, are indicated to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks. In addition, ODG states that EMGs may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious. Patient has been diagnosed with radiculopathy with corresponding findings on the MRI. In addition, patient did undergo EDS of lower extremities, which were conclusive of radiculopathy. Due to obvious clinical determination of radiculopathy therefore EMG of the bilateral of the bilateral lower extremities is not medically necessary.

NCS of the bilateral lower extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, ODG states that electrodiagnostic studies are recommended (needle, not surface). EMGs (electromyography) may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious (Bigos, 1999) (Ortiz-Corredor, 2003). Nerve conduction studies (NCS) are not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. (Utah, 2006) (ODG, Low Back Chapter).

Decision rationale: Guidelines state that NCS are not recommended when a patient is presumed to have symptoms on the basis of radiculopathy. Patient has been diagnosed with radiculopathy with corresponding findings on the MRI. In addition, patient did undergo EDS of lower extremities, which were conclusive of radiculopathy therefore NCS of the bilateral lower extremities is not medically necessary.