

<b>Case Number:</b>	CM14-0079804		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	11/20/2013
<b>Decision Date:</b>	10/08/2014	<b>UR Denial Date:</b>	05/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/30/2014

### 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 & 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 57-year-old female was reportedly injured on November 20, 2013 due to being bumped by a forklift, causing her to fall onto a pipe. The most recent progress note, dated April 21, 2014, indicates that there are ongoing complaints of low back pain radiating to the right leg and neck pain radiating to the left upper arm. The physical examination demonstrated decreased range of motion of the cervical spine and a normal upper extremity neurological examination. There was decreased range of motion of the left greater than the right shoulder and a positive left-sided Hawkins test and Neer's test. There was also tenderness over the lumbar spine paraspinal muscles and decreased lumbar spine range of motion. A lower extremity neurological examination revealed altered sensation of the left lower extremity. Diagnostic imaging studies were unavailable. Previous treatment includes physical therapy. A request had been made for a lumbar spine epidural steroid injection at L5 - S1, EMG/NCV studies of the left upper extremity, and chiropractic care of the cervical and lumbar spine and was not certified in the pre-authorization process on May 20, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar Epidural Steroid Injection, L5-S1:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46 of 127.

**Decision rationale:** According to the California Chronic Pain Medical Treatment Guidelines the criteria for the use of epidural steroid injections includes the presence of radiculopathy that must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. According to the attached medical record there are no definitive findings of a radiculopathy on neither physical examination nor are there any imaging studies indicating neurological impingement. Considering this, the request for lumbar spine epidural steroid injections is not medically necessary.

**EMG/NCV left upper extremity:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand 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 upper extremity symptoms that have not responded to conservative treatment. The progress note dated April 21, 2014, indicates that there is a normal upper extremity neurological examination. As such, this request for EMG and NCV studies of the left upper extremity is not medically necessary.

**Chiro care cervical/lumbar spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 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 are supported. This request for chiropractic care does not indicate the number visits requested. As such, this request for chiropractic care of the cervical and lumbar spine is not medically necessary.