

<b>Case Number:</b>	CM14-0083839		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	08/06/2013
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	05/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/05/2014

### 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 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 claimant was injured on 08/06/13 when she fell down about 8 stairs. Chiropractic treatment, electromyography /nerve conduction study, pain management consultation and a magnetic resonance imaging (MRI) of the knee are under review. She saw Dr. [REDACTED] on 05/08/14. She complained of low back and right knee pain. She also indicated that she injured her thoracic spine, right shin, left hand, and face. An MRI of the lumbar spine was done and she was taking several medications. She had intermittent localized pain in the mid back rated 3/10 and it ranged from 1-7/10. She complained of frequent headaches and pain with motion and activity. She had difficulty sleeping. She complained of constant left cheekbone area pain. It was sensitive. She reported continuous low back pain radiating to the right hip and down the right lower extremity to the ankle with numbness and tingling of the fifth toe. Pain ranged from 3-10/10. She had difficulty with her activities. She complained of intermittent right shin pain. She had continuous right knee pain and her pain had caused her to lose her balance. Her pain ranged from 3-8/10. She reported feeling depressed and had difficulty sleeping. She had normal range of motion of the cervical spine. Reflexes and sensation were intact. She had tenderness of the low back and mildly decreased range of motion. There was tenderness of the medial right knee and range of motion was limited. McMurray's test was positive on the right side. She had decreased sensation at the S1 dermatomes bilaterally. She was diagnosed with a lumbar herniated disc, rule out radiculopathy and right knee pain, rule out meniscal tear. Chiropractic treatment, physical therapy, medications, injection to the right knee, and MRIs of the lumbar spine and right knee were all ordered. EMG/NCV of the lower extremity was recommended to rule out radiculopathy and she was referred to Dr. [REDACTED] for pain management consultation. There is no other history.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic Therapy( No frequency or duration provided): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 92.

**Decision rationale:** The history and documentation do not objectively support the request for chiropractic treatment for unknown body part(s) and at unknown frequency and duration of care. The California Medical Treatment Utilization Schedule (MTUS) state "manual therapy & manipulation may be recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. Low back: Recommended as an option. Therapeutic care - Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Elective/maintenance care - not medically necessary. Recurrences/flare-ups - Need to re-evaluate treatment success, if return to work achieved then 1-2 visits every 4-6 months.... Knee: Not recommended." The claimant's history of evaluation and treatment since her injury is unclear and there is no evidence that she is unable to continue her rehab with an independent home exercise program or has been advised to continue home exercise program along with manipulative treatment. The medical necessity of a course of chiropractic treatment under these circumstances has not been clearly demonstrated.

**EMG Bilateral Lower Extremities: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

**Decision rationale:** The history and documentation do not objectively support the request for an electromyography (EMG) of the lower extremities. The California Medical Treatment Utilization Schedule (MTUS) state "unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminate imaging will result in false positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential

cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computed tomography [CT] for bony structures). Electromyography (EMG), including H reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks." In this case, the claimant's history of evaluation and treatment to date is unknown and she has already had an MRI. It is not clear how this study is likely to change her course of treatment going forward. No clear focal neurologic findings have been documented for the lower extremities for which this type of study appears to be indicated. The medical necessity of this request for an EMG has not been clearly demonstrated.

**NCV Bilateral Lower Extremities: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints, Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation (ODG): Low Back, Knee, and Ankle/Foot chapters.

**Decision rationale:** The history and documentation do not objectively support the request for nerve conduction velocity (NCV) of the lower extremities. The American College of Occupational and Environmental Medicine (ACOEM) Low Back, Knee and Ankle/Foot chapters do not support the use of NCV. The Official Disability Guidelines (ODG) chapter 12 (Low Back) states NCV 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." Chapter 13 (Knee) does not support the use of NCV to evaluate pain from knee injuries and chapter 14 (Ankle/Foot) does not address the use of NCV. In this case, the claimant's history of evaluation and treatment to date is unknown. It is not clear what is being sought via this study or how NCV is likely to change her course of treatment going forward. No clear focal neurologic findings or potential peripheral nerve compression or dysfunction have been documented for the lower extremities for which this type of study appears to be indicated. The medical necessity of this request for NCV has not been clearly demonstrated.

**Pain Management Consultation: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM), 2nd Edition, (2004): Chapter 7, Independent Medical Examinations and Consultations, page 127.

**Decision rationale:** The history and documentation do not objectively support the request for a consultation for pain management. The California Medical Treatment Utilization Schedule (MTUS) state "if a diagnosis is uncertain or complex, if psychosocial factors are present, or if the plan or course of care may benefit from additional expertise, the occupational health physician may refer a patient to other specialists for an independent medical assessment." In this case, the

claimant reports chronic pain but her case is not highly complex. The specific indication for a pain management consultation is unclear, including whether or not injections or other procedures are being considered or possibly complicated medication management. The medical necessity of this request for a pain management consultation has not been clearly demonstrated.

**MRI Right Knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): table 13-5.

**Decision rationale:** The history and documentation do not objectively support the request for an MRI of the right knee. The California Medical Treatment Utilization Schedule (MTUS) state "magnetic resonance imaging (MRI) may be recommended for the evaluation of possible internal derangements of the knee, including meniscal injuries." However, the claimant's history of evaluation and treatment to date, including trials of conservative treatment with local modalities, exercise, and medications, is unknown. She complains of low back pain that radiates down her right leg along with knee pain. However, there is no evidence of a trial and failure of a reasonable course of conservative care targeting the knee prior to this request for an imaging study. There are no progressive focal deficits on examination for which this type of imaging study appears to be indicated prior to conservative care. There is no evidence that urgent or emergent surgery is under consideration. The medical necessity of this request has not been clearly demonstrated.