

Case Number:	CM14-0092019		
Date Assigned:	07/25/2014	Date of Injury:	12/11/2013
Decision Date:	12/26/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	06/18/2014

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 Internal 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:

This 30 year old female sustained a work related injury on 12/11/2013. The current diagnoses are cervical, lumbar, and thoracic spine strain/sprain and lower extremity radiculitis. According to the progress report dated 5/28/2014, the injured worker is still symptomatic and somewhat frustrated. The physical examination revealed tenderness to palpation of the paraspinal, suboccipital, and upper trapezius muscles bilaterally, right greater than left. The thoracic spine revealed tenderness to palpation of the bilateral paraspinals and T4-T12 spinous process. The lumbar spine was tender to palpation. On this date, the treating physician prescribed continuation of chiropractic treatment which includes supervised physiotherapy, EMG, and nerve conduction studies of the lower extremities, which is now under review. The injured worker was previously treated with chiropractic. The injured worker is working regular duty. On 6/11/2014, Utilization Review had non-certified a prescription for continued chiropractic treatment which includes supervised physiotherapy, EMG, and nerve conduction studies of the lower extremities. The chiropractic treatment with supervised physiotherapy was denied based on lack of documentation of objective outcome of prior therapy. The EMG and nerve conduction study was non-certified based on minimal clinical findings from the most recent examination. The California MTUS Chronic Pain and ACOEM Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued chiropractic treatment which includes supervised Physiotherapy, 2 x 6, Cervical, Thoracic and Lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Also, ACOEM: Chapter 8; Neck & Upper Back.

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

Decision rationale: Pursuant to the Official Disability Guidelines, continued chiropractic treatment which includes supervised physiotherapy two times per week times six weeks, cervical, thoracic and lumbar spine is not medically necessary. The ODG guidelines recommend therapeutic care for mild symptoms of the six visits over two weeks; severe symptoms of trial six visits over two weeks with evidence of objective functional improvement. A total of up to 18 visits over 6 to 8 weeks are permitted. Elective/maintenance care is not medically necessary. In this case, the injured worker is being treated for neck and back pain. The working diagnoses are cervical, lumbar and thoracic spine sprain/strain and lower extremity radiculitis. Neurosensory examination showed a decreased L 5 dermatome bilaterally. There was no clinical documentation in the medical record indicating objective functional improvement with the pre-existing chiropractic treatment. Additionally, it is unclear how many previous chiropractic treatments were rendered. Absent objective functional improvement, continued chiropractic treatment with supervised physiotherapy two times per week times six weeks to the cervical, thoracic and lumbar spine does not medically necessary.

EMG / Nerve Conduction Study of the lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Also, ACOEM: Neck & Upper Back.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Low Back Section, Electrodiagnostic Testing

Decision rationale: Pursuant to the Official Disability Guidelines, nerve conduction velocity studies and EMGs are not medically necessary. NCV's are not recommended for low back conditions. EMGs may be useful to obtain unequivocal evidence of radiculopathy, after one month conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious. In this case, the injured worker has straight leg raising positive at 90 on the left, negative on the right. Sensory examination showed mild decrease in the L5 dermatome bilaterally. Electrodiagnostic testing should be medically indicated to rule out radiculopathy, lumbar plexopathy or peripheral rapidly. The injured worker had mild sensory deficits in the L5 dermatome. There were no significant findings consistent with radiculopathy such as weakness or significant loss of function in the affected extremities and consequently, nerve conducting velocity studies are not medically necessary and EMG's are not medically necessary. Based on clinical information in the medical record in the peer-reviewed evidence-based guidelines, EMG/NCV of the lower extremities is not medically necessary.

