

<b>Case Number:</b>	CM14-0191669		
<b>Date Assigned:</b>	11/25/2014	<b>Date of Injury:</b>	08/07/2010
<b>Decision Date:</b>	01/12/2015	<b>UR Denial Date:</b>	10/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/17/2014

### 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, has a subspecialty in Pain 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 is a patient with a date of injury of 8/7/10. A utilization review determination dated 10/28/14 recommends non-certification of chiropractic treatment, EMG/NCV, and right knee MRI. It was noted that prior evaluation/treatment has included chiropractic treatment, electrodiagnostic testing, and a right knee MRI. No chiropractic reports from the requesting provider are included for review. 10/28/14 medical report identifies great relief from transdermals and she does not take any "pain pills." Will use 2-3 ibuprofen per week. Has moderate back pain with sciatica on the right. On exam, no abnormal findings are noted. Recommendations include refills of transdermals.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient Chiropractic treatment 2x4 time per week:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R.9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 58-60.

**Decision rationale:** Regarding the request for chiropractic care, Chronic Pain Medical Treatment Guidelines support the use of chiropractic care for the treatment of chronic pain

caused by musculoskeletal conditions. Guidelines go on to recommend a trial of up to 6 visits over 2 weeks for the treatment of low back pain. With evidence of objective functional improvement, a total of up to 18 visits over 6 to 8 weeks may be supported. Within the documentation available for review, there is a history of prior treatment, but no indication of objective functional improvement from prior sessions. In light of the above issues, the currently requested chiropractic care is not medically necessary.

**Electromyography/Nerve Conduction Velocity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints Page(s): 303, 341.

**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, Electrodiagnostic Studies

**Decision rationale:** Regarding the request for EMG/NCV, Occupational Medicine Practice Guidelines state that unequivocal objective findings that identify specific nerve compromise on the electromyography may be useful to identify subtle focal neurologic dysfunction in patients with low back symptoms lasting more than 3 to 4 weeks. ODG states that nerve conduction studies are not recommended for back conditions. They go on to state that there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Within the documentation available for review, there are no current physical examination findings supporting a diagnosis of specific nerve compromise. Additionally, there is a noted history of prior electrodiagnostic testing and no rationale presented for repeating the studies. In the absence of such documentation, the currently requested EMG/NCV is not medically necessary.

**MRI of the right knee:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 13-1,13-3,343.

**Decision rationale:** Regarding the request for MRI right knee, CA MTUS and ACOEM note that, in absence of red flags (such as fracture/dislocation, infection, or neurologic/vascular compromise), diagnostic testing is not generally helpful in the first 4-6 weeks. After 4-6 weeks, if there is the presence of locking, catching, or objective evidence of ligament injury on physical exam, MRI is recommended. Within the medical information made available for review, there is no current documentation of any red flags locking, catching, ligamentous injury, or other clear rationale for an MRI. Furthermore, there is a history of MRI testing and no rationale for repeating this study. In the absence of such documentation, the currently requested MRI is not medically necessary.