

Case Number:	CM14-0199746		
Date Assigned:	12/10/2014	Date of Injury:	06/14/2013
Decision Date:	01/27/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	12/01/2014

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 Emergency Medicine, has a subspecialty in ENTER SUBSPECIALTY 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 injured worker is a 38 year-old female, who sustained an injury on June 14, 2013. The mechanism of injury occurred from moving a heavy mop bucket and trash. Diagnostics have included: August 29, 2013 lumbar MRI reported as showing degenerative changes without significant disc pathology. Treatments have included: medications, acupuncture, chiropractic. The current diagnoses are: thoracic strain, lumbar strain, lumbar radiculopathy, sciatica, muscle spasms. The stated purpose of the request for Chiropractic/Physiology thoracic, Lumbar was not noted. The request for Chiropractic/Physiology thoracic, Lumbar was denied on November 10, 2014, citing a lack of documentation of functional improvement. The stated purpose of the request for EMG/NCV BLE was to assess leg weakness. The request for EMG/NCV BLE was denied on November 10, 2014, citing a lack of documentation of positive neurologic exam findings. Per the report dated October 27, 2014, the treating physician noted complaints of low back pain and right lower extremity weakness. Exam shows straight leg raising tests that produced axial back pain but not radicular symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic/Physiology thoracic, Lumbar: 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 Manual Therapy and Manipulation Page(s): 58-59.

Decision rationale: The requested Chiropractic/Physiology thoracic, Lumbar, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Manual Therapy and Manipulation, Pages 58-59, recommend continued chiropractic therapy with documented objective evidence of derived functional benefit. The injured worker has low back pain and right lower extremity weakness. The treating physician has documented straight leg raising tests that produced axial back pain but not radicular symptoms. The treating physician has not documented objective evidence of derived functional benefit from completed chiropractic sessions, such as improvements in activities of daily living, reduced work restrictions or reduced medical treatment dependence. The criteria noted above not having been met, Chiropractic/Physiology thoracic, Lumbar is not medically necessary.

EMG/NCV bilateral lower extremity (BLE): Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: The requested EMG/NCV bilateral lower extremity (BLE) is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 12, Low Back Complaints, page 303, Special Studies and Diagnostic and Treatment Considerations, note "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." The injured worker has low back pain and right lower extremity weakness. The treating physician has documented straight leg raising tests that produced axial back pain but not radicular symptoms. The treating physician has not documented physical exam findings indicative of nerve compromise such as a positive straight leg raising test or deficits in dermatomal sensation, reflexes or muscle strength. The criteria noted above not having been met, EMG/NCV bilateral lower extremity (BLE) is not medically necessary.