

<b>Case Number:</b>	CM14-0040161		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	07/16/2010
<b>Decision Date:</b>	04/22/2015	<b>UR Denial Date:</b>	03/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/05/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 40 year old female who sustained an industrial injury on July 16, 2010. She has reported low back pain and has been diagnosed with cervical spine sprain/strain with radicular complaints. Treatment has included physical therapy, electrical stimulation, massage, exercise, and medications. Currently the injured worker complains of intermittent moderate pain in the low back, radiating to the bilateral legs, with numbness and tingling with intermittent neck pain which radiated to both shoulders. The treatment request included chiropractic treatment and EMG/NCV of the bilateral upper and lower extremities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic treatment once a week for four weeks (1 x 4):** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chiropractic Treatment/Manual Therapy and Manipulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58.

**Decision rationale:** The claimant is nearly 5 years status post work-related injury and continues to be treated for chronic widespread pain. Treatments have included prior chiropractic care reported improved flexibility. The requesting provider documents negative straight leg raising and a normal neurological examination. There was reduced spinal range of motion. Chiropractic care is recommended as an option, and guidelines recommend a trial of 6 visits over 2 weeks with further treatment considered if there is objective evidence of functional improvement. In this case, the number of treatment sessions requested is consistent with guideline recommendations and prior treatment had been of benefit. Therefore the request was medically necessary.

**EMG of the bilateral upper and lower:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, EMG/NCV.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Electrodiagnostic testing (EMG/NCS) and Other Medical Treatment Guidelines AANEM Recommended Policy for Electrodiagnostic Medicine.

**Decision rationale:** The claimant is nearly 5 years status post work-related injury and continues to be treated for chronic widespread pain. Treatments have included prior chiropractic care reported improved flexibility. The requesting provider documents negative straight leg raising and a normal neurological examination. EMG/NCS testing of the upper extremities and lower extremities in 2014 was normal. Indications for repeat testing include the following: (1) The development of a new set of symptoms. (2) When a serious diagnosis is suspected and the results of prior testing were insufficient to be conclusive. (3) When there is a rapidly evolving disease where initial testing may not show any abnormality (e.g., Guillain-Barre syndrome) (4) To follow the course of certain treatable diseases such as polymyositis or myasthenia gravis. (5) When there is an unexpected course or change in course of a disease and (6) To monitor recovery and help establish prognosis and/or to determine the need for and timing of surgical interventions in the setting of recovery from nerve injury. In this case, the claimant has already had EMG/NCS testing and none of the above indications is present. Repeat testing is not medically necessary.

**NCV of the bilateral upper and lower:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, EMG/NCV.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Electrodiagnostic testing (EMG/NCS) and Other Medical Treatment Guidelines AANEM Recommended Policy for Electrodiagnostic Medicine.

**Decision rationale:** The claimant is nearly 5 years status post work-related injury and continues to be treated for chronic widespread pain. Treatments have included prior chiropractic care reported improved flexibility. The requesting provider documents negative straight leg raising and a normal neurological examination. EMG/NCS testing of the upper extremities and lower extremities in 2014 was normal. Indications for repeat testing include the following: (1) The development of a new set of symptoms. (2) When a serious diagnosis is suspected and the results of prior testing were insufficient to be conclusive. (3) When there is a rapidly evolving disease where initial testing may not show any abnormality (e.g., Guillain-Barre syndrome) (4) To follow the course of certain treatable diseases such as polymyositis or myasthenia gravis. (5) When there is an unexpected course or change in course of a disease and (6) To monitor recovery and help establish prognosis and/or to determine the need for and timing of surgical interventions in the setting of recovery from nerve injury. In this case, the claimant has already had EMG/NCS testing and none of the above indications is present. Repeat testing is not medically necessary.