

Case Number:	CM15-0006089		
Date Assigned:	01/20/2015	Date of Injury:	04/19/2013
Decision Date:	03/23/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	01/12/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 46-year-old female who reported an injury on 04/19/2013. The mechanism of injury occurred when the patient fell backwards in a broken chair. Her diagnoses include status post work related fall, lumbar spine strain/sprain and contusion with radicular complaints and cervical spine strain with radicular complaints. Her past treatments included injections, chiropractic therapy, acupuncture, psychological treatment, and aquatic therapy. On 11/24/2014, the injured worker complained of mild to moderate neck pain rated 4/10 that radiated through her left arm with associated numbness and tingling. The injured worker also complained of low back pain rated 4/10 that radiated through her bilateral legs associated with numbness and tingling. The physical examination of the cervical spine revealed tenderness to palpation at the trapezius musculature with associated myospasms. There was also restricted range of motion and demonstrated motor weakness and decreased sensation throughout the upper left extremity. The injured worker also had a positive cervical distraction test. The physical examination of the lumbar spine revealed tenderness at the paralumbar musculature, left greater than right L4-5 facets with related myospasms. The lumbar range of motion was indicated to be limited in the lumbosacral region and with rotation. The injured worker also exhibits weak extensors and decreased sensations throughout the lower left extremity with a positive right straight leg raise. The injured worker was also noted to have decreased motor testing at the left L4-5 myotomes and a positive Leseague's test bilaterally. Her relevant medications were not noted. The treatment plan included chiropractic therapy twice a week for 4 weeks to improve range of motion, reduce pain and for strengthening. The treatment plan also included an

EMG/NCV of the bilateral lower and upper extremities to verify radicular complaints. A Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic therapy 2 x 4 weeks - lumbar spine and neck: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-59.

Decision rationale: The request for chiropractic therapy 2 x 4 weeks lumbar spine and neck is not medically necessary. According to the California MTUS Guidelines, manual therapy is used in the treatment of chronic pain caused by musculoskeletal conditions. The intended goal or effect of manual therapy is obtained positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. The injured worker was indicated to have previous chiropractic sessions in 2014. However, there was lack of documentation in regard to a positive symptomatic or objective measurable gains in functional improvement that facilitate the injured worker's progress in therapeutic exercise and return to productive activities. As there was lack of documentation of objective functional improvement for review and documentation of exceptional factors to warrant additional sessions beyond the previously completed visits, the request is not supported by the evidence based guidelines. In addition, the request as submitted and number of previous chiropractic sessions completed would exceed the number of treatment sessions recommended by the guidelines. As such, the request is not medically necessary.

NCV/EMG bilateral upper and lower extremities: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 170, 177-178 and 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 8 Neck and Upper Back Complaints Page(s): 177-179, 303-305.

Decision rationale: The request for NCV/EMG bilateral upper and lower extremities is medically necessary. According to the California MTUS/ACOEM Guidelines, diagnostic studies may be performed after patients with neck, upper and low back problems after at least a 3 to 4 week period of conservative care and observation that fails to improve symptoms if they meet the following criteria to include: an emergence of red flags, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery or clarification of the anatomy prior to an invasive procedure. EMG and NCVs may be helpful in identifying subtle focal neurologic dysfunction in patients with upper and low back

symptoms that lasts more than 3 or 4 weeks. The injured worker was indicated to have chronic cervical low back pain. There was also documentation indicating the injured worker had associated numbness and tingling, motor weakness, dermatomal sensory deficits, including restricted range of motion in both the cervical and lumbar spine. Based on the above the request is supported by the evidence based guidelines. As such, the request is medically necessary.