

Case Number:	CM15-0007430		
Date Assigned:	01/26/2015	Date of Injury:	01/13/2009
Decision Date:	03/17/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/13/2015

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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 30 year old female, who sustained an industrial injury on 1/13/2009. The diagnoses have included lumbar back pain, herniated lumbar disc and thoracic strain. Treatment to date has included chiropractic care. Magnetic resonance imaging (MRI) from 7/12/2014 showed small disc protrusions and L4-5 and L5-S1. According to the chiropractic report from 10/1/2014, the injured worker stated that her low back pain had stayed more or less the same. Treatment plan was to request authorization for more visits and for the injured worker to be seen by a neurologist for a second opinion. A Primary Treating Physician's Progress Report from 7/17/2014 noted that the injured worker had complaints of lower back pain. Associated symptoms were muscle spasms and numbness and weakness in legs. Physical exam revealed moderate to severe tenderness to palpation to the paraspinal muscles of the thoracic spine and mild tenderness to palpation of the lumbar spine. On 12/22/2014, Utilization Review (UR) non-certified a request for chiropractic care 3 times a week for 8 weeks to the lumbar spine. UR non-certified a request for electromyography to the bilateral lower extremities. UR non-certified a request for referral to a neurologist for consultation. The MTUS was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiro 3 x 8 to lumbar spine: 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 Chiropractic Page(s): 58-60. Decision based on Non-MTUS Citation Low back section, Chiropractic

Decision rationale: Pursuant to the Official Disability Guidelines, chiropractic treatment three times per week times eight weeks to the lumbar spine is not medically necessary. Chiropractic manipulation is recommended as an option. If manipulation has not resulted in functional improvements in the first one or two weeks, it should be stopped and the patient reevaluated. For patients with chronic low back pain, manipulation may be safe and outcomes may be good, but studies are not quite as convincing. The Official Disability Guidelines enumerate frequency and duration of treatments. For mild symptoms -up to six visits over two weeks. For severe symptoms a trial of six visits over two weeks; with evidence of objective functional improvement a total of up to 18 visits over 6 to 8 weeks if acute. Avoid chronic symptoms. Elective/maintenance care is not medically necessary. Recurrences/flare-ups need to be reevaluate treatment success. In this case, the injured worker's working diagnoses are multiple lumbar spine subluxation; and displacement of lumbar intervertebral disc (neuritis/radiculitis). The treating provider is a chiropractor. Subjectively, the injured worker complains of low back pain and leg pain 8/10. Objectively, Kemp's test is positive. Linder's test is positive. Contralateral Lesegue's test indicates nerve sciatica caused by disk involvement. There was no neurologic evaluation/examination in the medical record. The examination dated October 1, 2014 indicated "no change since last exam". The treating provider is a chiropractor, yet there were no chiropractic treatments rendered to the injured worker in the record. The guidelines recommend for mild symptoms- six visits over two weeks and for severe symptoms a trial of six visits over two weeks, but with evidence of objective functional improvement a total of up to 18 visits over 6 to 8 weeks may be indicated. There is no documentation in the medical record indicating prior chiropractic treatment, objective functional improvement, or daily progress treatment notes from the treating physician. In the alternative, if the injured worker did not receive chiropractic treatment to date, a trial of six visits over two weeks would be indicated. With evidence of objective functional improvement, additional treatments (18 visits) may be indicated. The treating physician requested three chiropractic sessions per week times eight weeks (24 sessions) to the lumbar spine. This too is in excess of the recommended guidelines. Consequently, absent clinical documentation to support a lack of documentation with prior chiropractic treatment versus no prior chiropractic treatment, chiropractic treatment three times per week times eight weeks to the lumbar spine is not medically necessary.

Referral to neurologist for consultation: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): Chapter 7, page 127. Decision based on Non-MTUS Citation Pain section, Office visits

Decision rationale: Pursuant to the ACOEM and the Official Disability Guidelines, referral for a neurologist consultation is not medically necessary. Consultations are designed to aid in the diagnosis, prognosis and therapeutic management of injured workers. The need for clinical office visit with a healthcare provider is individualized based upon a review of patient concerns, signs and symptoms, clinical stability and reasonable physician judgment. In this case, the injured worker's working diagnoses are Multiple lumbar spine subluxation; and displacement of lumbar intervertebral disc (neuritis/radiculitis). The treating provider is a chiropractor. Subjectively, the injured worker complains of low back pain and leg pain 8/10. Objectively, Kemp's test is positive. Linder's test is positive. Contralateral Lesegue's test indicates nerve sciatica caused by disk involvement. There was no neurologic evaluation/examination in the medical record. The examination dated October 1, 2014 indicated "no change since last exam". The consultation is designed to aid in the diagnosis, prognosis and for therapeutic management of an injured party. The documentation does not contain any specific neurologic findings warranting a neurologic consultation. There is no clinical indication or clinical rationale in the medical record to warrant a neurologic consultation. Consequently, absent clinical documentation to support a referral to a neurologist, referral for neurologic consultation is not medically necessary.

Electromyography to bilateral lower extremity: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low back section, EMG

Decision rationale: Pursuant to the Official Disability Guidelines, EMG bilateral lower extremities are not medically necessary. EMGs are recommended as an option to obtain unequivocal evidence of radiculopathy, after one-month conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious. There is minimal justification for performing nerve conduction studies when the patient is presumed to have symptoms on the basis of radiculopathy. In this case, the injured worker's working diagnoses are Multiple lumbar spine subluxation; and displacement of lumbar intervertebral disc (neuritis/radiculitis). The treating provider is a chiropractor. Subjectively, the injured worker complains of low back pain and leg pain 8/10. Objectively, Kemp's test is positive. Linder's test is positive. Contralateral Lesegue's test indicates nerve sciatica caused by disk involvement. There was no neurologic evaluation/examination in the medical record. The examination dated October 1, 2014 indicated "no change since last exam" . The subjective complaints of low back pain and leg pain may indicate the presence of radiculopathy. There is no neurologic evaluation/examination in the medical record other than "no change since last exam". EMGs are recommended as an option to obtain unequivocal evidence of radiculopathy, after one month conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious. The documentation for radiculopathy is somewhat lacking because there is no neurologic evaluation in the medical record. Subjectively there are symptoms of leg pain present. The provider does not indicate which leg is affected. There is no clinical indication or rationale documented in the medical record for the EMG. Consequently, absent clinical documentation with the neurologic

examination to support an EMG with no clinical rationale, the EMG bilateral lower remedies are not medically necessary.