

Case Number:	CM15-0007470		
Date Assigned:	01/26/2015	Date of Injury:	05/17/2011
Decision Date:	03/17/2015	UR Denial Date:	12/11/2014
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 female, who sustained an industrial injury on 05/17/2011. On physician's for authorization visit dated 12/04/2014 the injured worker has reported left shoulder pain. On examination she was noted to have low back pain, left buttock pain, left hamstring pain, bilateral wrist and hand pain, knee pain, neck pain and right and left shoulder pain. The diagnoses have included sprain/strain lumbar, displacement of lumbar, lumbar facet syndrome, lumbar and pelvis spasm of muscle, myalgia and myositis of lumbar, sacrum and lower extremity, carpal tunnel syndrome, lumbar or lumbosacral neuritis or radiculitis, lumbar, sprain/strain knee rotator cuff sprain/strain tendonitis bilaterally. On 12/04/2014 Utilization Review non-certified 6 more chiropractic and physiotherapy visits lumbar spine, cervical spine, bilateral shoulders, knees and wrists and Electromyogram and nerve conduction velocity upper and lower extremity. The CA MTUS, ACOEM, Chronic Pain Medical Treatment Guidelines, were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 more Chiropractic and physiotherapy visits L/L, C/S bilateral shoulders, knees, and wrists: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chiropractic Page(s): 58-60. Decision based on Non-MTUS Citation Low back, neck, shoulder, knee and wrist sections, Chiropractic manipulation

Decision rationale: Pursuant to the Official Disability Guidelines, six more chiropractic treatment and physical therapy visits lumbosacral spine, cervical spine, bilateral shoulders, knees and wrists are not medically necessary. Chiropractic manipulation is recommended as an option for the lumbosacral spine and the cervical spine. Chiropractic manipulation is not recommended for the knees and for the wrists. 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. Chiropractic manipulation is not recommended for the knees. There are no studies showing that manipulation is proven effective for patients with knee like complaints. Chiropractic manipulation is not recommended for patients with pain in the hand, wrist or forearm. Patients should be formally assessed after a six visit clinical trial (for physical therapy) to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are lumbar sprain/strain; displacement of lumbar; lumbar facet syndrome; lumbar and pelvis spasm of muscle; myalgia and myositis of lumbar, sacrum and lower extremity; CTS; lumbar or lumbosacral neuritis or radiculitis; knee sprain/strain; rotator cuff sprain/strain, tendonitis bilaterally. Subjectively, the injured worker complains of low back pain stiffness and motionless. There is shooting pain in both legs. Pain is rated 9/10. Neck pain is worse. Symptoms are unchanged since last visit. There was a peer-to-peer call on December 10, 2014. The provider reported the injured worker does not want to do a self-directed home exercise program as recommended by the guidelines. Objectively, there was no cervical spine evaluation and no neurological examination conducted by the treating provider. There is some weakness noted in hip flexion. Reflexes and sensation were not documented. The documentation shows the treating provider (chiropractor) was providing manipulation at each visit. The documentation goes on to say that the chiropractic assistant is providing physiotherapy. The documentation does not contain evidence of objective functional improvement with both chiropractic manipulation (passive treatment) and physiotherapy. Moreover, the injured worker reports the pain is unchanged as of December 4, 2014. Notably, chiropractic manipulation is not recommended for the knees and for the wrists. Consequently, absent clinical documentation to support ongoing chiropractic (by provider) and physiotherapy (by chiropractic assistant) in the absence of objective functional improvement and a reference that the injured worker reports pain is unchanged as of December 2014, six more

chiropractic treatment and physical therapy visits lumbosacral spine, cervical spine, bilateral shoulders, knees and wrists are not medically necessary.

EMG BL Upper and lower Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints.

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

Decision rationale: Pursuant to the Official Disability Guidelines, EMG bilateral upper extremities and lower extremities are not medically necessary. Upper extremities: While cervical electro diagnostic studies are not necessary to demonstrate a cervical radiculopathy, they have been suggested to confirm a brachial plexus abnormality or some problem other than a cervical radiculopathy, but these studies can result in unnecessary over treatment. Nerve conduction studies are not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but recommended if IEMG is not clearly radiculopathy or clearly negative, or to differentiate radiculopathy from other neuropathies or non-neuropathic processes if other diagnoses may be likely based on the clinical examination. There is minimal justification for performing nerve conduction studies when the patient is already presumed to have symptoms on the basis of radiculopathy. Lower extremities: 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 lumbar sprain/strain; displacement of lumbar; lumbar facet syndrome; lumbar and pelvis spasm of muscle; myalgia and myositis of lumbar, sacrum and lower extremity; CTS; lumbar or lumbosacral neuritis or radiculitis; knee sprain/strain; rotator cuff sprain/strain, tendonitis bilaterally. Subjectively, the injured worker complains of low back pain stiffness and motionless. There is shooting pain in both legs. Pain is rated 9/10. Neck pain is worse. Symptoms are unchanged since last visit. There was a peer-to-peer call on December 10, 2014. The provider reported the injured worker does not want to do a self-directed home exercise program as recommended by the guidelines. Objectively, there was no cervical spine evaluation and no neurological examination conducted by the treating provider. There is some weakness noted in hip flexion. Reflexes and sensation were not documented. The documentation indicates the injured worker has shooting pains to both legs. There are no clinical symptoms of upper extremity compatible with radiculopathy. However, on physical examination there was no cervical spine evaluation or neurologic evaluation conducted by the treating provider. There was some weakness noted in hip flexion but no specifics were mentioned. There is no clinical rationale or clinical indication in the medical record for EMG based on the subjective and objective findings. Consequently, absent clinical documentation with subjective and objective findings referencing upper extremity radicular symptoms and lower extremity radicular symptoms with objective physical findings (on physical examination) and a clinical rationale, EMG bilateral upper extremities and lower extremities are not medically necessary.

NCV BL Upper and lower Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints.

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

Decision rationale: Pursuant to the Official Disability Guidelines, NCV bilateral upper extremities and lower extremities are not medically necessary. Upper extremities: While cervical electro diagnostic studies are not necessary to demonstrate a cervical radiculopathy, they have been suggested to confirm a brachial plexus abnormality or some problem other than a cervical radiculopathy, but these studies can result in unnecessary over treatment. Nerve conduction studies are not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but recommended if EMG is not clearly radiculopathy or clearly negative, or to differentiate radiculopathy from other neuropathies or non-neuropathic processes if other diagnoses may be likely based on the clinical examination. There is minimal justification for performing nerve conduction studies when the patient is already presumed to have symptoms on the basis of radiculopathy. Lower extremities: 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 workers working diagnoses are lumbar sprain/strain; displacement of lumbar; lumbar facet syndrome; lumbar and pelvis spasm of muscle; myalgia and myositis of lumbar, sacrum and lower extremity; CTS; lumbar or lumbosacral neuritis or radiculitis; knee sprain/strain; rotator cuff sprain/strain, tendonitis bilaterally. Subjectively, the injured worker complains of low back pain stiffness and motionless. There is shooting pain in both legs. Pain is rated 9/10. Neck pain is worse. Symptoms are unchanged since last visit. There was a peer-to-peer call on December 10, 2014. The provider reported the injured worker does not want to do a self-directed home exercise program as recommended by the guidelines. Objectively, there was no cervical spine evaluation and no neurological examination conducted by the treating provider. There is some weakness noted in hip flexion. Reflexes and sensation were not documented. The documentation indicates the injured worker has shooting pains to both legs. There are no clinical symptoms of upper extremity compatible with radiculopathy. On physical examination there was no cervical spine evaluation or neurologic evaluation conducted by the treating provider. There was some weakness noted in hip flexion but no specifics were mentioned. There is no clinical rationale or clinical indication in the medical record for NCV based on the subjective and objective findings. Consequently, absent clinical documentation with subjective and objective findings referencing upper extremity radicular symptoms and lower extremity radicular symptoms with objective physical findings (on physical examination) and a clinical rationale, NCV bilateral upper extremities and lower extremities are not medically necessary.