

<b>Case Number:</b>	CM15-0102798		
<b>Date Assigned:</b>	06/05/2015	<b>Date of Injury:</b>	05/30/2012
<b>Decision Date:</b>	09/08/2015	<b>UR Denial Date:</b>	04/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/28/2015

### 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: Arizona, California

Certification(s)/Specialty: Family Practice

### 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 66-year-old female who sustained an industrial injury on 05/30/2012. She reported assisting a patient to bed and feeling a "pop" and a sharp pain in the right side of her lower back. The next morning the worker felt low back pain and right lower extremity pain with numbness and weakness. There is no immediate diagnosis listed, but x-rays of the lumbar spine came back negative for fracture and the worker was given medication, a back brace, and released back to work with restrictions. Physical therapy was ordered and was somewhat beneficial. The injured worker continued with symptoms, and in June 2012 saw an orthopedist who examined the low back and right leg, and did a MRI. A second MRI in August 2012 found a very small disc protrusion at L5-S1, which did not impose on the nerve root. Treatment to date has included oral and topical medications physical therapy and chiropractic care (06-2013). The worker also had a psychiatric consultation 04-15-2015. Currently, the injured worker complains of pain in the neck with pain radiation to the arms. She also reports low back pain with radiation to the legs. Activities exacerbate the pain. Due to back pain, she states she walks slower and occasionally uses a cane. In August 2014, the worker treated with a sports rehabilitation center for a month with strengthening exercises and massage therapy. She also had 12 chiropractic session in 03/2015 She takes over the counter Tylenol and medicated patches and creams to the affected area. At the time of the 04/10/2015 office visit, she reported constant moderate to severe pain in the low back with pain radiating to the legs. She reports buttocks pain, numbness and tingling in the low back, weakness of the low back, and "giving way". Notes on the examination are sparse, handwritten and barely legible. Her diagnoses are left lower extremity pain and numbness without radiculopathy (04-22-2015) and lumbosacral sprain with right sciatica (04-22-2015). A request for authorization was made for. 1. Chiropractic 2 x per week x 3 weeks for lumbar spine. 2. EMG/NCS for bilateral lower extremities.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic 2 x per week x 3 weeks for lumbar spine:** Upheld

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

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

**Decision rationale:** According to the MTUS guidelines, Chiropractic therapy is considered manual therapy. It is recommended for chronic musculoskeletal pain. For Low back pain, therapeutic care is for 6 visits over 2 weeks with functional improvement up to a maximum of 18 visits over 8 weeks. In this case, the claimant underwent over 12 session of chiropractor therapy the year prior and an unknown amount in 2013. The request for 6 additional chiropractor sessions exceeds the guideline limits and is not medically necessary.

**EMG/NCS for bilateral lower extremities:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

**Decision rationale:** According to the guidelines, an EMG is recommended to clarify nerve root dysfunction in cases of suspected disk herniation preoperatively or before epidural injection. It is not recommended for the diagnoses of nerve root involvement if history and physical exam, and imaging are consistent. An NCV is not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but recommended if the 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 exam. In this case, the claimant had an MRI which did not indicate nerve root involvement in the lumbar spine, however, recent exam findings indicate weakness in the lower extremities and numbness. Therefore, the EMG/NCV is appropriate to determine the inconsistent findings. The request is medically necessary.