

Case Number:	CM15-0109079		
Date Assigned:	06/15/2015	Date of Injury:	08/06/2014
Decision Date:	07/20/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	06/05/2015

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: Texas, 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 36 year old female, who sustained an industrial injury on 08/06/2014. She has reported subsequent left shoulder, low back and lower extremity pain and was diagnosed with left shoulder impingement syndrome, left shoulder AC cartilage disorder, left subacromial subdeltoid bursitis, left bicipital tendonitis, lumbar sprain/strain and L5-S1 posterior annular tear with posterior disc bulge. Treatment to date has included oral pain medication, chiropractic treatment and acupuncture. The physician noted that the injured worker received 50% relief with previous acupuncture visits. In a progress note dated 04/21/2015, the injured worker complained of pain in the lumbar spine radiating to the right knee and shoulder that was rated as 8-9/10. The physician noted that the physical examination was deferred during this visit because the injured worker became pale, diaphoretic and dizzy while having labs drawn. A request for authorization of electromyogram/nerve conduction study of the bilateral upper and lower extremities was submitted due to complaints of numbness in the front of the shoulder, weakness in the upper extremity and numbness and weakness radiating to the lower extremities as well as a request for chiropractic treatment 2x/week x 6 weeks for the lumbar spine and left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG (electromyography)/NCV (nerve conduction velocity) of the bilateral upper and lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

Decision rationale: Per ACOEM chapter 12 guidelines, "Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks." Per the ACOEM guidelines cited below, "For most patients presenting with true neck or upper back problems, special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red-flag conditions are ruled out; electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks." The patient has had EMG study of the bilateral LE on 8/6/14 that was normal. Any significant changes in objective physical examination findings since the last electrodiagnostic study that would require a repeat electrodiagnostic study were not specified in the records provided. Patient has received an unspecified number of chiropractic visits for this injury. A detailed response to a complete course of conservative therapy including chiropractic visits was not specified in the records provided. Previous chiropractic visit notes were not specified in the records provided. The response of the symptoms to a period of rest and oral pharmacotherapy was not specified in the records provided. The medical necessity of the request for EMG (electromyography)/NCV (nerve conduction velocity) of the bilateral upper and lower extremities is not fully established for this patient.

Chiropractic Treatment 2xwk x 6wks for the lumbar spine and left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-59. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chiropractic Guidelines.

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

Decision rationale: Per the MTUS guidelines regarding chiropractic treatment, "One of the goals of any treatment plan should be to reduce the frequency of treatments to the point where maximum therapeutic benefit continues to be achieved while encouraging more active self-therapy, such as independent strengthening and range of motion exercises, and rehabilitative exercises. Patients also need to be encouraged to return to usual activity levels despite residual pain, as well as to avoid catastrophizing and overdependence on physicians, including doctors of chiropractic." In addition the cite guideline states "Several studies of manipulation have looked at duration of treatment, and they generally showed measured improvement within the first few weeks or 3-6 visits of chiropractic treatment, although improvement tapered off after the initial sessions. If chiropractic treatment is going to be effective, there should be some

outward sign of subjective or objective improvement within the first 6 visits." Patient has received an unspecified number of chiropractic visits for this injury. The notes from the previous rehabilitation sessions were not specified in the records provided. There was no evidence of significant progressive functional improvement from the previous chiropractic visits therapy that is documented in the records provided. The records submitted contain no accompanying current chiropractic evaluation for this patient. A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program was not specified in the records provided. The medical necessity of the request for Chiropractic Treatment 2xwk x 6wks for the lumbar spine and left shoulder is not fully established for this patient.