

Case Number:	CM15-0136151		
Date Assigned:	07/24/2015	Date of Injury:	10/31/2014
Decision Date:	09/21/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	07/14/2015

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, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 50-year-old who has filed a claim for chronic low back pain reportedly associated with an industrial injury of October 31, 2014. In a utilization review report dated June 12, 2015, the claims administrator partially approved a request for eight sessions of chiropractic treatment as six sessions of the same, failed to approve a request for electrodiagnostic testing of the bilateral lower extremities, failed to approve a request for pain management consultation for medications and a possible epidural steroid injection, and failed to approve a request for follow-up visit with the applicant's primary treating provider (PTP) in 30 days' time. The claims administrator referenced a variety of MTUS and non-MTUS Guidelines in its determinations, including non-MTUS Chapter 6 ACOEM Guidelines which were mislabeled as originating from the MTUS. On progress notes of February 16, 2015, March 23, 2015, and April 22, 2015 were likewise cited in the determination. The applicant's attorney subsequently appealed. On May 27, 2015, the applicant reported ongoing complaints of low back pain radiating to the left leg. The applicant was using unspecified prescription medications, it was reported. The applicant was placed off of work, on total temporary disability. Additional eight sessions of manipulative therapy was sought by the applicant's primary treating provider, a chiropractor (DC). The applicant was asked to follow up with a pain management physician for medication management purposes and/or to consider epidural steroid injection therapy. Electrodiagnostic testing of the bilateral lower extremities was sought. The applicant was described as having known issues with lumbar radiculopathy, it was stated in one section of the note. A 1.2-cm left calf atrophy was reported. The applicant exhibited sensory loss about the

left S1 dermatome. It was not stated how the electrodiagnostic testing in question would influence or alter the treatment plan. The applicant's radicular pain complaints and radicular signs were confined to the left leg, it was suggested on several occasions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment at two times per week for four weeks, QTY: 8: 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), manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 59-60.

Decision rationale: The request for eight sessions of chiropractic manipulative therapy was not medically necessary, medically appropriate, or indicated here. The request was framed as a renewal or extension request for additional chiropractic manipulative therapy by the applicant's primary treating provider, a chiropractor, on May 27, 2015. While pages 59 and 60 of the MTUS Chronic Pain Medical Treatment Guidelines do support up to 24 sessions of chiropractic manipulative therapy in applicants who demonstrate treatment success by achieving and/or maintaining successful return to work status, here, however, the applicant was placed off of work, on total temporary disability, on the May 27, 2015 progress note at issue. The applicant had failed to respond favorably to earlier manipulative therapy. Therefore, the request was not medically necessary.

EMG/NCV of the bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), electrodiagnostic tests.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints Page(s): 309; 272.

Decision rationale: Similarly, the request for electrodiagnostic testing (EMG-NCV) of bilateral lower extremities was likewise not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 309, EMG testing is deemed "not recommended" for applicants who carry a diagnosis of clinically obvious radiculopathy, as was seemingly present here on or around the date in question, May 27, 2015. The treating provider stated that the applicant had ongoing complaints of low back pain radiating to the left leg. The applicant had 1.5 cm of calf atrophy, it was reported on that day, along with hyposensorium about the left S1 dermatome. All evidence on file, thus, pointed to the applicant's in fact carrying a diagnosis of clinically obvious radiculopathy, effectively obviating the need for the electrodiagnostic testing in question. The MTUS Guideline in ACOEM Chapter

11, Table 11-7, page 272 further notes that the routine usage of EMG or NCV testing in the diagnostic evaluation of applicants without symptoms is deemed "not recommended." Here, the treating provider stated on May 27, 2015 the applicant's radicular pain complaints were confined to the symptomatic left lower extremity. Electrodiagnostic of the bilateral lower extremities to include the seemingly asymptomatic right lower extremity, thus, was at odds with the MTUS Guideline in ACOEM Chapter 11, Table 11-7, page 272. Therefore, the request was not medically necessary.

Pain Management consultation for medications and a possible lumbar epidural injection:
Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), pain management and on the Non-MTUS ACOEM Practice Guidelines, Chapter 6: Pain, Suffering, Restoration of Function, page 115.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92, Chronic Pain Treatment Guidelines Part 1: Introduction Page(s): 1.

Decision rationale: Conversely, the request for a pain management consultation for medication management and/or to consider an epidural steroid injection was medically necessary, medically appropriate, and indicated here. As noted on page 1 of the MTUS Chronic Pain Medical Treatment Guidelines, the presence of persistent pain complaints which prove recalcitrant to conservative treatment should lead the primary treating provider to reconsider the operating diagnosis and determine whether a specialist evaluation is necessary. Here, the applicant was off of work, on total temporary disability, as acknowledged on May 27, 2015. Earlier conservative treatments had seemingly proven unsuccessful. The applicant's primary treating provider, furthermore, was a chiropractor, i.e., a practitioner not licensed to prescribe medications or perform epidural steroid injections. The MTUS Guideline in ACOEM Chapter 5, page 92 also stipulates the referral may be appropriate when a practitioner is uncomfortable treating or addressing a particular cause of delayed recovery. Here, the requesting provider was likely ill-equipped to prescribe the applicant medications, perform injections, etc. Obtaining the added expertise of a practitioner better equipped to address these issues, namely a pain management consultant, was, thus, indicated. Therefore, the request was medically necessary.

PTP follow up in 30 days: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 5. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), office visits.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79.

Decision rationale: Finally, the request for a primary treating physician's follow-up visit in 30 days' time was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 5, page 79, frequent follow-up visits are "often warranted" even though the applicants whose conditions are not expected to change appreciably from week to week or visit to visit. Here, the applicant was off of work, on total temporary disability. The applicant had ongoing complaints of low back pain. Obtaining a follow-up visit with the primary treating provider (PTP) was, thus, indicated for disability management purposes, at a minimum period. Therefore, the request was medically necessary.