

Case Number:	CM15-0191948		
Date Assigned:	10/06/2015	Date of Injury:	07/08/2010
Decision Date:	11/18/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	09/29/2015

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 43-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of July 8, 2010. In a utilization review report dated September 21, 2015, the claims administrator failed to approve a request for 12 sessions of chiropractic manipulative therapy and EMG testing of the lower extremities. The claims administrator referenced an RFA form dated September 14, 2015 and an associated progress note of August 21, 2015 in its determination. The applicant's attorney subsequently appealed. On said September 14, 2015 RFA form, 12 sessions of chiropractic manipulative therapy and "updated" electrodiagnostic testing of the bilateral lower extremities were sought. On an associated progress note dated August 21, 2015, the applicant reported ongoing complaints of low back pain, 8/10, with radiation of pain to the lower extremities, right greater than left. The applicant's medication list included Flexeril, Naprosyn, Norco, and Protonix, it was reported. Portions of the note were highly templated. The applicant was to pursue extracorporeal shockwave therapy, chiropractic manipulative therapy, and electrodiagnostic testing of the bilateral lower extremities. Tramadol was renewed. Genetic testing was sought. The applicant was depressed and had been off work for over several months, the treating provider acknowledged. The applicant's past medical history was not clearly discussed or detailed. The applicant was given various diagnoses, including protrusions at L4-L5 and L5-S1 with radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 chiropractic therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation, Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

Decision rationale: No, the request for 12 sessions of chiropractic manipulative therapy was not medically necessary, medically appropriate, or indicated here. While pages 59 and 60 of the MTUS Chronic Pain Medical Treatment Guidelines 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 off of work, the treating provider reported on the August 21, 2015 office visit at issue. It did not appear that earlier chiropractic manipulative therapy had proven beneficial. Therefore, the request for 12 additional sessions of chiropractic manipulative therapy was not medically necessary.

Updated Electromyograph (EMG) and nerve conduction studies (NCS) of the bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, Nerve conduction studies (NCS), EMGs (electromyography).

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Summary, and Ankle and Foot Complaints 2004, Section(s): Summary.

Decision rationale: Similarly, the request for updated electrodiagnostic testing (EMG-NCV) of the 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. Here, the applicant was described as carrying an active diagnosis of lumbar radiculopathy secondary to disc protrusions at L4-L5 and L5-S1 on the August 21, 2015 office visit at issue. Thus, all evidence on file pointed to the applicant's carrying a diagnosis of clinically evident, radiographically-confirmed lumbar radiculopathy, seemingly obviating the need for the EMG component of the request. In a similar vein, the MTUS Guideline in ACOEM Chapter 14, Table 14-6, page 377 also notes that electrical studies (a.k.a. nerve conduction testing) are deemed "not recommended" absent some clinical evidence of tarsal tunnel syndrome or other entrapment neuropathies. Here, however, the attending provider's August 21, 2015 office visit suggested that lumbar radiculopathy was in fact the sole item on the differential diagnosis listed. There was no mention of the applicant's having a superimposed or suspected disease process such as tarsal tunnel syndrome, entrapment neuropathy, compression neuropathy, etc., which would compel the nerve conduction testing component of the request. Since both the EMG and NCV components of the request were not indicated, the entire request was not indicated. Therefore, the request was not medically necessary.

