

<b>Case Number:</b>	CM15-0204843		
<b>Date Assigned:</b>	10/21/2015	<b>Date of Injury:</b>	07/23/2004
<b>Decision Date:</b>	12/03/2015	<b>UR Denial Date:</b>	09/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/19/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 45 year old male, who sustained an industrial injury on 7-23-2004. A review of the medical records indicates that the injured worker is undergoing treatment for lumbago. On 8-18-2015, the injured worker reported intermittent pain. The Treating Physician's report dated 8-18-2015, noted the lumbar spine with pain. Prior treatments and evaluations have included lumbar epidural steroid injection (ESI), lumbar laminectomy-discectomy in 2006, physical therapy, Vicodin, TENS, and a MRI of the lumbar spine dated 6-29-2011 that was noted to show a 4-4.5mm disc bulge at L4-L5 with indentation on the left nerve root, and no significant change had occurred when compared with the examination of 4-16-2009. The treatment plan was noted to include chiropractic treatments for lumbar spine flare up, bilateral lower extremity electromyography (EMG), and lumbar spine MRI. The request for authorization dated 9-10-2015, requested chiropractic treatments 2x4 week (8 sessions) for the lumbar spine, a MRI of the lumbar spine, and electromyography (EMG) of the bilateral lower extremities. The Utilization Review (UR) dated 9-18-2015, non-certified the requests for chiropractic treatments 2x4 week (8 sessions) for the lumbar spine, a MRI of the lumbar spine, and electromyography (EMG) of the bilateral lower extremities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiro 2 x 4 week, Lumbar 8 sessions:** Upheld

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

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

**Decision rationale:** MTUS Guidelines supports chiropractic manipulation for musculoskeletal injury. It is unclear how many sessions have been completed to date for this July 2004 injury. Submitted reports have not demonstrated clear specific functional benefit or change in chronic symptoms and clinical findings for this chronic injury. There are unchanged clinical findings and functional improvement in terms of decreased pharmacological dosing with pain relief, decreased medical utilization, increased ADLs or improved functional status from treatment already rendered by previous chiropractic care. Clinical exam remains unchanged without acute new injury, progressive deterioration or new red-flag findings. It appears the patient has received an extensive conservative treatment trial; however, remains unchanged without functional restoration approach. The Chiro 2 x 4 week, Lumbar 8 sessions is not medically necessary and appropriate.

**MRI of the Lumbar Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Procedures- Online Version.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

**Decision rationale:** Review indicates last MRI of the lumbar spine in June 2011 showed unchanged impression when compared to the previous study of 2009 with ongoing symptoms for this chronic 2004 injury. Treatment Guidelines for the Lower Back Disorders, under Special Studies and Diagnostic and Treatment Considerations, states Criteria for ordering imaging studies include Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure, not demonstrated here. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electrodiagnostic studies. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, review of submitted medical reports for this chronic injury have not adequately demonstrated the indication for repeating the MRI of the Lumbar spine without any specific changed clinical findings, neurological deficits of red-flag conditions, or progressive deterioration to support this imaging study. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The MRI of the Lumbar Spine is not medically necessary and appropriate.

**EMG 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 (ODG) Low Back Summary Online Version.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

**Decision rationale:** Electrodiagnostic studies which must include needle EMG is recommended where a CT or MRI is equivocal and there are ongoing pain complaints that raise questions about whether there may be a neurological compromise that may be identifiable (i.e., leg symptoms consistent with radiculopathy, spinal stenosis, peripheral neuropathy, etc.), not the case here. The patient already had an MRI of the lumbar spine showing disc disorder resulting in narrowing for nerve compromise along with clinical neurological deficits consistent with lumbar radiculopathy with previous epidural steroid injections negating any medical necessity for diagnostic EMG. Submitted reports have not demonstrated any change for ongoing symptoms without new injury or progressive neurological deficits to support the study. The EMG of the Bilateral Lower Extremities is not medically necessary and appropriate.