

Case Number:	CM15-0023028		
Date Assigned:	02/12/2015	Date of Injury:	04/10/2014
Decision Date:	04/09/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/06/2015

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, Arizona

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 50-year-old female who reported an injury on 04/10/2014, after moving a large container. The injured worker reportedly sustained an injury to her low back. The injured worker's treatment history included physical therapy, chiropractic care, and work conditioning. The injured worker's diagnoses included lumbar radiculopathy/radiculitis, reactive sleep disturbance, and depression and anxiety. The injured worker was evaluated on 01/13/2015. Physical findings included tenderness to palpation over the lumbar paravertebral musculature. The injured worker also had a positive right sided straight leg raising test, and decreased sensation in the right sided L5-S1 dermatomal distribution. The injured worker's treatment plan included 8 sessions of acupuncture, 8 sessions of chiropractic care, medications, consideration of epidural steroid injections, and an electrodiagnostic study of the right lower extremity. No request for authorization was submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV of The Right Lower Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The requested EMG/NCV of the right lower extremity is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommend electrodiagnostic studies for nonfocal radicular findings. The injured worker has a positive straight leg raising test and decreased sensation in the L5-S1 dermatomal distribution. Therefore, an EMG would be supported in this clinical situation to support the diagnosis of radiculopathy. However, the requested NCV would not be indicated, as there is no physical findings consistent with peripheral nerve impingement. As such, the requested EMG/NCV of the right lower extremity is not medically necessary or appropriate.

Acupuncture Sessions (Lumbar) 1 a time a week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The requested acupuncture sessions for the lumbar spine, 1 time a week for 6 weeks, is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does recommend the use of acupuncture to reduce pain and medication usage as an adjunctive treatment to active therapy. The clinical documentation submitted for review fails to provide any indication that the injured worker is participating in a home exercise program, or currently participating in supervised skilled therapy that would benefit from an adjunctive treatment such as acupuncture. Therefore, the use of the requested treatment would not be supported in this clinical situation. As such, the requested acupuncture sessions for the lumbar spine, 1 time a week for 6 weeks, is not medically necessary or appropriate.

Chiropractic Sessions (Lumbar) 1 times a week for 8 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58.

Decision rationale: The requested chiropractic sessions, 1 time a week for 8 weeks, are not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends 1 to 2 visits of chiropractic care for acute exacerbations of chronic pain. The clinical documentation submitted for review does indicate that the injured worker has previously participated in chiropractic care. The clinical documentation did not provide any justification to support treatment beyond guideline recommendations. As such, the requested chiropractic sessions, lumbar, 1 time a week for 8 weeks, is not medically necessary or appropriate.