

Case Number:	CM15-0220084		
Date Assigned:	11/13/2015	Date of Injury:	09/02/2008
Decision Date:	12/23/2015	UR Denial Date:	10/13/2015
Priority:	Standard	Application Received:	11/10/2015

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: Emergency 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 injured worker is a 60 year old female who sustained an industrial injury on 09-02-2008. Medical records indicated the worker was treated for sprain of ligament of lumbar spine, cervical radiculopathy, strain of muscle, fascia and tendon of the neck level, and shoulder impingement syndrome. In the provider notes of 10-07-2015, the injured worker complains of headaches and low back pain with numbness and tingling in the right hand and right elbow pain. Physical examination showed tenderness to palpation of the paraspinal muscles with muscle spasm. Sensation was reduced in the bilateral hands and range of motion was restricted. Muscle testing was 5 out of 5 and there was no atrophy. Cervical compression and Spurling's tests were negative. Shoulder exam showed tenderness to pressure over the joint. Range of motion was restricted and impingement signs were positive bilaterally. There was tenderness to palpation in the paraspinal muscles of the lumbar spine with decreased range of motion. Motor strength was 5 out of 5 bilateral in the lower extremities and reflexes were 2+. Current medications include Butalbital-aspirin-caffeine, meloxicam, Lidoderm patch, Ketoprofen ER, omeprazole, and tramadol. The worker was to continue chiropractic care and the treatment plan was for additional chiropractic treatments of the cervical and lumbar spine and bilateral shoulders, electromyogram, nerve conduction studies of the bilateral upper extremities, and a MRI of the cervical spine. A request for authorization was submitted for: 1. Chiropractic care 3 times 4 for cervical spine, lumbar spine, and bilateral shoulders, 2. EMG/NCS bilateral upper extremities, 3. MRI cervical spine. A utilization review decision 10-13-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic care 3 times 4 for cervical spine, lumbar spine, and bilateral shoulders:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: The requested Chiropractic care 3 times 4 for cervical spine, lumbar spine, and bilateral shoulders, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Manual Therapy and Manipulation, pages 58-59, recommend continued chiropractic therapy with documented objective evidence of derived functional benefit. The injured worker has headaches and low back pain with numbness and tingling in the right hand and right elbow pain. Physical examination showed tenderness to palpation of the paraspinal muscles with muscle spasm. Sensation was reduced in the bilateral hands and range of motion was restricted. Muscle testing was 5 out of 5 and there was no atrophy. Cervical compression and Spurling's tests were negative. Shoulder exam showed tenderness to pressure over the joint. Range of motion was restricted and impingement signs were positive bilaterally. There was tenderness to palpation in the paraspinal muscles of the lumbar spine with decreased range of motion. Motor strength was 5 out of 5 bilateral in the lower extremities and reflexes were 2+. The treating physician has not documented objective evidence of derived functional benefit from completed chiropractic sessions, such as improvements in activities of daily living, reduced work restrictions or reduced medical treatment dependence. The criteria noted above not having been met, Chiropractic care 3 times 4 for cervical spine, lumbar spine, and bilateral shoulders is not medically necessary.

EMG/NCS bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

Decision rationale: The requested EMG/NCS bilateral upper extremities, is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 8, Neck and Upper Back Complaints, page 177-179, Special Studies and Diagnostic and Treatment Considerations, Special Studies and Diagnostic and Treatment Considerations, note "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be

obtained before ordering an imaging study." The injured worker has headaches and low back pain with numbness and tingling in the right hand and right elbow pain. Physical examination showed tenderness to palpation of the paraspinal muscles with muscle spasm. Sensation was reduced in the bilateral hands and range of motion was restricted. Muscle testing was 5 out of 5 and there was no atrophy. Cervical compression and Spurling's tests were negative. Shoulder exam showed tenderness to pressure over the joint. Range of motion was restricted and impingement signs were positive bilaterally. There was tenderness to palpation in the paraspinal muscles of the lumbar spine with decreased range of motion. Motor strength was 5 out of 5 bilateral in the lower extremities and reflexes were 2+. The treating physician has not documented physical exam findings indicative of nerve compromise such as a positive Sturling test or deficits in dermatomal sensation, reflexes or muscle strength nor positive provocative neurologic exam tests. The treating physician has not documented an acute clinical change since the date of previous electrodiagnostic testing. The criteria noted above not having been met, EMG/NCS bilateral upper extremities is not medically necessary.