

Case Number:	CM15-0049648		
Date Assigned:	03/23/2015	Date of Injury:	04/09/2000
Decision Date:	05/01/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	03/16/2015

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 58 year old male with an industrial injury dated 03/03/2000. His diagnoses include lumbar spine sprain/strain with radicular complaints, left knee sprain/strain and status post left knee arthroscopy and menisectomy. He has been treated with medications, physical therapy, MRI and left knee surgery. He presents on 01/26/2015 complaining of low back pain and radiation to both legs down to the feet. Pain is worsened by prolonged sitting. Physical exam revealed tenderness with muscle spasms in the entire lumbosacral including paraspinals and midline area. Knee exam shows full range of motion with no swelling. Mild tenderness to palpation. MRI of the lumbar spine was done in "approximately 2008" and nerve conduction studies (EMG/NCV) in 2007. Results of these studies were not provided for review. Only tramadol is noted as current medication. Patient had reported unknown number of physical therapy and chiropractic done throughout the years. Patient had received authorization for 4 chiropractic session to be done in 12/2014. No results of these sessions were documented. The provider is requesting authorization for MRI of lumbar spine, NCV/EMG, and chiropractic treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment for lumbar spine and left knee 1x4: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58-59.

Decision rationale: As per MTUS Chronic pain guidelines, chiropractic is not recommended anywhere except for the low back. Patient also had 4 prior chiropractic sessions approved. It is unclear if patient already had these sessions completed or any response patient had to these sessions. Additional chiropractic cannot be approved without documentation of actual objective improvement with the already approved sessions. Additional chiropractic is not medically necessary.

NCV/EMG of the lower extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints, Chapter 12 Low Back Complaints Page(s): 309 and 377.

Decision rationale: EMG (Electromyography) and NCV(Nerve Conduction Velocity) studies are 2 different studies that are testing for different pathology. As per ACOEM Guidelines, EMG may be useful in detecting nerve root dysfunction. There is no documentation of any radiculopathy or nerve root dysfunction on the lower limb to support EMG use. There are no neurological deficits documented. There is no motor deficit. There is no evidence based rationale or any justification noted by the requesting provider. Patient had prior testing and no results were provided. EMG is not medically necessary. As per ACOEM guidelines, Nerve Conduction Velocity studies are contraindicated in virtually all knee and leg pathology unless there signs of tarsal tunnel syndrome or any nerve entrapment neuropathies. There are no such problems documented. NCV is not medically necessary. Both tests are not medically necessary. NCV/EMG of bilateral lower extremity is not medically necessary.

MRI of lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304, 309.

Decision rationale: As per ACOEM Guidelines, imaging studies should be ordered in event of "red flag" signs of symptoms, signs of new neurologic dysfunction, clarification of anatomy prior to invasive procedure or failure to progress in therapy program. Patient does not meet any of these criteria. There is no documented red flag findings in complaints or exam. There is noted

new neurologic dysfunction. There is no documentation of any prior attempt at a therapy program or medication treatment. Patient pain is chronic. Last MRI results were not provided for review. MRI of lumbar spine is not medically necessary.