

<b>Case Number:</b>	CM15-0067383		
<b>Date Assigned:</b>	04/15/2015	<b>Date of Injury:</b>	01/16/2014
<b>Decision Date:</b>	07/30/2015	<b>UR Denial Date:</b>	04/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/09/2015

### 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 57-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury June 16, 2014. In a Utilization Review report dated April 8, 2015, the claims administrator failed to approve a request for eight sessions of chiropractic manipulative therapy and EMG testing of bilateral lower extremities. The claims administrator referenced an RFA form received on April 2, 2015 in its determination. The applicant's attorney subsequently appealed. On an RFA form of June 3, 2015, Norco, urine drug testing, EMG testing of bilateral lower extremities, and a pain management follow-up visit were sought. In an associated June 3, 2015 progress note, the applicant's chiropractor noted that the applicant had completed unspecified amounts of acupuncture to date. An additional 18 sessions of acupuncture and electrodiagnostic of the bilateral lower extremities were sought. The applicant was working regular duty, it was stated. On February 10, 2015, the applicant reported ongoing complaints of low back pain. The applicant was placed off of work, on total temporary disability through March 27, 2015. A June 15, 2015 handwritten pain management note also suggested that the applicant had in fact returned to work but had noticed heightened pain complaints upon doing so. Highly variable 3-6/10 low back pain complaints were reported. Norco was renewed. The applicant was asked to continue home exercises. The applicant was given an operating diagnosis of lumbar radiculopathy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Continue 8 More Sessions of Chiro: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 59-60.

**Decision rationale:** Yes, the request for eight additional sessions of chiropractic manipulative therapy was medically necessary, medically appropriate, and indicated here. As noted on pages 59 and 63 of the MTUS Chronic Pain Medical Treatment Guidelines, up to 24 sessions of chiropractic manipulative therapy are indicated in those applicants who demonstrate treatment success by achieving and/or maintaining successful return to work status. Here, both a chiropractic progress note of June 3, 2015 and a pain management progress note of June 15, 2015 noted that the applicant had in fact successfully returned to work following receipt of earlier unspecified amounts of chiropractic manipulative therapy. Continuing the same, on balance, was indicated. Therefore, the request was medically necessary.

**EMG of Bilateral Lower Extremities: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** Conversely, the request for EMG testing of bilateral lower extremities was 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 "not recommended" for applicants who carry a diagnosis of clinically evident radiculopathy. Here, a pain management physician as carrying an operating diagnosis of clinically obvious lumbar radiculopathy described the applicant. Lumbar radiculopathy was listed as the primary operating diagnosis on June 15, 2015. The applicant's clinically evident radiculopathy, thus, effectively obviated the need for the EMG testing in question. It was not clearly stated how (or if) the proposed EMG testing would influence or alter the treatment plan. Therefore, the request was not medically necessary.