

<b>Case Number:</b>	CM14-0120325		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	11/02/2010
<b>Decision Date:</b>	10/09/2014	<b>UR Denial Date:</b>	07/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/30/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Texas and Ohio. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 57-year-old female who reported an injury on 11/02/2010 due to cumulative repetitive trauma to the neck, shoulders, back, hips, and left knee. The injured worker had a history of cervical sprain, shoulder impingement, lumbar strain/sprain, and wrist tendinitis. The diagnostic studies included an MRI right shoulder. The past treatments included medication and physical therapy. Prior surgery included right shoulder rotator cuff repair dated 03/02/2011 with a followup of 6 weeks of postoperative therapy. The objective findings dated 05/13/2014 to the lumbar spine revealed constant pain 90% of the time with numbness and tingling to the legs. The physical evaluation of the cervical spine revealed spasms present to the paraspinal muscle and tenderness to palpation over the paraspinal muscles. Sensory examination revealed no deficits to any of the dermatomes to the upper extremities to pinprick or light touch. Range of motion with flexion was 55/60 and extension of 55/60. The muscle testing to the bilateral elbows revealed flexors of 5/5, extensors at 5/5. The shoulder revealed a well healed arthroscopic portal incision at the right shoulder with no tenderness noted to palpation. Range of motion was a forward flexion of 35/80 and an extension of 20/30. Positive for impingement sign bilaterally. The medications included Proair, Claritin and Ibuprofen, No VAS (visual analog scale) provided. The treatment plan included chiropractic sessions, electromyogram for the bilateral lower extremities and bilateral upper extremities, a nerve conduction study for the bilateral upper extremities and bilateral lower extremities, and an MRI to the lower back. The Request for Authorization dated 08/08/2014 was submitted with the documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic sessions three (3) times a week for four (4) weeks for the bilateral shoulders, neck and lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Treatment Page(s): 58-60.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY Page(s): 58-59.

**Decision rationale:** The request for Chiropractic sessions three (3) times a week for four (4) weeks for the bilateral shoulders, neck and lumbar spine is not medically necessary. The California MTUS states that manual therapy and manipulation is recommended for chronic pain if caused by musculoskeletal conditions. For the low back, therapy is recommended initially in a therapeutic trial of 6 sessions and with objective functional improvement a total of up to 18 visits over 6-8 weeks may be appropriate. Treatment for flare-ups requires a need for re-evaluation of prior treatment success. Treatment is not recommended for the ankle & foot, carpal tunnel syndrome, the forearm, wrist, & hand or the knee. If chiropractic treatment is going to be effective, there should be some outward sign of subjective or objective improvement within the first 6 visits. Treatment beyond 4-6 visits should be documented with objective improvement in function. The maximum duration is 8 weeks and at 8 weeks patients should be re-evaluated. Care beyond 8 weeks may be indicated for certain chronic pain patients in whom manipulation is helpful in improving function, decreasing pain and improving quality of life. The clinical notes indicate that the injured worker is going to start physical therapy. As such, the request for Chiropractic sessions three (3) times a week for four (4) weeks for the bilateral shoulders, neck and lumbar spine is not medically necessary.

**Electromyography (EMG) of bilateral lower extremities (BLE):** 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 request for Electromyography (EMG) of bilateral lower extremities (BLE) is not medically necessary. The California MTUS/ACOEM states that Electromyography (EMG), including H reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. There should be documentation of 3 - 4 weeks of conservative care and observation. The clinical notes did not indicate that the injured worker had had 3 to 4 weeks of conservative care and observation. As such, the request for Electromyography (EMG) of bilateral lower extremities (BLE) is not medically necessary.

**Nerve Conduction Study (NCS) of the bilateral lower extremities (BLE):** 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 request for Nerve Conduction Study (NCS) of the bilateral lower extremities (BLE) is not medically necessary. The California MTUS/ACOEM states that Electromyography (EMG), including H reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. There should be documentation of 3 - 4 weeks of conservative care and observation. The clinical notes did not indicate that the injured worker had had 3 to 4 weeks of conservative care and observation. As such, the request for Nerve Conduction Study (NCS) of the bilateral lower extremities (BLE) is not medically necessary.

**Electromyography (EMG) of the bilateral upper extremities (BUE): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 178.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

**Decision rationale:** The request for Electromyography (EMG) of the bilateral upper extremities (BUE) is not medically necessary. The California MTUS/ACOEM states that Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. There should be documentation of 3 - 4 weeks of conservative care and observation. The clinical notes indicated that the exam on the cervical spine revealed spasms to the paraspinal muscles as well as tenderness to palpation; however, sensation was intact. As such, the request for Electromyography (EMG) of the bilateral upper extremities (BUE) is not medically necessary.

**Nerve Conduction Study (NCS) of the bilateral upper extremities (BUE): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 178.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

**Decision rationale:** The request for Nerve Conduction Study (NCS) of the bilateral upper extremities (BUE) is not medically necessary. The California MTUS/ACOEM states that Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. There should be documentation of 3 - 4 weeks of

conservative care and observation. The clinical notes indicated that the exam on the cervical spine revealed spasms to the paraspinal muscles as well as tenderness to palpation; however, sensation was intact. As such, the request for Nerve Conduction Study (NCS) of the bilateral upper extremities (BUE) is not medically necessary.

**Magnetic Resonance Imaging (MRI) of the low back: 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 request for Magnetic Resonance Imaging (MRI) of the low back is not medically necessary. The California MTUS/ACOEM indicates that if physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause magnetic resonance imaging [MRI] for neural or other soft tissue. The clinical notes indicated that the injured worker had pain to the right arm, neck, and back with no neurological deficits noted objectively. As such, the request for Magnetic Resonance Imaging (MRI) of the low back is not medically necessary.