

Case Number:	CM14-0124948		
Date Assigned:	08/08/2014	Date of Injury:	02/05/2013
Decision Date:	10/06/2014	UR Denial Date:	07/14/2014
Priority:	Standard	Application Received:	08/04/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in California. 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:

According to the records made available for review, this is a 43-year-old female with a 2/5/13 date of injury. At the time (7/2/14) of request for authorization for Chiropractic therapy 12 visits and Neurodiagnostic testing bilateral lower extremities, there is documentation of subjective (low back pain radiating to the right leg and foot) and objective (no pertinent findings) findings, current diagnoses (lumbar disc syndrome and radicular neuralgia right leg), and treatment to date (physical therapy, chiropractic treatment, and medications). Regarding Chiropractic therapy 12 visits, the number of previous chiropractic treatments cannot be determined, and there is no documentation of objective improvement with previous treatment. Regarding Neurodiagnostic testing bilateral lower extremities, there is no documentation of focal neurologic dysfunction.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic therapy 12 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low Back Manipulations.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-299, Chronic Pain Treatment Guidelines Manual Therapy & manipulation Page(s): 58.

Decision rationale: MTUS reference to ACOEM identifies documentation of objective improvement with previous treatment, functional deficits, functional goals, and a statement identifying why an independent home exercise program would be insufficient to address any remaining functional deficits, as criteria necessary to support the medical necessity of additional chiropractic treatment. In addition, MTUS Chronic Pain Medical Treatment Guidelines supports a total of up to 18 visits over 6-8 weeks. Within the medical information available for review, there is documentation of diagnosis of lumbar disc syndrome and radicular neuralgia right leg. In addition, there is documentation of previous chiropractic treatments, functional deficits, and functional goals. However, there is no documentation of the number of previous chiropractic treatments and, if the number of treatments have exceeded guidelines, a statement identifying why an independent home exercise program would be insufficient to address any remaining functional deficits. In addition, there is no documentation of objective improvement with previous treatment. Therefore, based on guidelines and a review of the evidence, the request for Chiropractic therapy 12 visits is not medically necessary.

Neurodiagnostic testing bilateral lower extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back, Nerve Conduction studies

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Electrodiagnostic studies

Decision rationale: MTUS reference to ACOEM guidelines identifies documentation of focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks, as criteria necessary to support the medical necessity of electrodiagnostic studies. ODG identifies documentation of evidence of radiculopathy after 1-month of conservative therapy, as criteria necessary to support the medical necessity of electrodiagnostic studies. In addition, ODG does not consistently support performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Within the medical information available for review, there is documentation of diagnosis of lumbar disc syndrome and radicular neuralgia right leg. However, despite documentation of subjective findings (low back pain radiating to the right leg and foot) and conservative treatment (physical therapy, chiropractic treatment, and medications), and given no documentation of pertinent objective findings, there is no documentation of focal neurologic dysfunction. Therefore, based on guidelines and a review of the evidence, the request for Neurodiagnostic testing bilateral lower extremities is not medically necessary.