

<b>Case Number:</b>	CM14-0134438		
<b>Date Assigned:</b>	08/27/2014	<b>Date of Injury:</b>	10/20/2012
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	08/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2014

### 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. 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:

Medical records reflect the claimant is a 42 year old female who sustained a work injury on 10-20-12. The claimant has chronic low back pain and bilateral leg radicular complaints. The claimant has been treated with medications, a FRP, lumbar epidural steroid injections, chiropractic care. The claimant reported worsening of symptoms. On 6-23-14 the claimant reported 90% low back pain and 10% radicular pain. On exam, the claimant is able to and heel stand. There was no clear cut dermatomal motor deficits. She had right L4-L5 hypoesthesia. Bilateral SLR reproduces pain. The claimant had an MRI on 12-3-12 that showed degenerative bulge at L5-S1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractor 1 time a week for 6 weeks for the Lumbar:** 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 Manipulation Page(s): 58-60. Decision based on Non-MTUS Citation Pain chapter - manipulation

**Decision rationale:** Chronic pain medical treatment guidelines reflect that a trial of 6 visits of chiropractic care with evidence of objective functional improvement is recommended. Medical Records reflect this claimant has been provided with chiropractic therapy. The claimant reports no improvement in pain and she is getting worse. Based on the records provided, ongoing chiropractic care is not indicated, as there is no functional or documented quantified improvement. Therefore, the medical necessity of this request is not medically necessary.

**Electromyography EMG/ Nerve Conduction Studies NCS bilateral lower extremity:** 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 electrodiagnostic testing. Decision based on Non-MTUS Citation lumbar spine chapter - EMG/NCS

**Decision rationale:** ACOEM guidelines reflect that Needle EMG is recommended when a spine CT or MRI is equivocal and there are ongoing pain complaints that raise questions about whether there may be an identifiable neurological compromise. This includes extremity symptoms consistent with radiculopathy, spinal stenosis, peripheral neuropathy, etc. EMG is not recommended for claimants with subacute or chronic spine pain who do not have significant arm or leg pain, paresis or numbness. There is an absence in objective documentation to support a suspicion of a nerve entrapment. Therefore, the medical necessity of this request is not medically necessary.

**Water Therapy 2 times a week for 4 weeks for the Lumbar:** 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 aquatic therapy Page(s): 22. Decision based on Non-MTUS Citation Pain chapter - aquatic therapy

**Decision rationale:** Chronic Pain Medical Treatment Guidelines as well as ODG notes that aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. Medical Records reflect the claimant has shoulder, back and neck pain. There is an absence in documentation noting that this claimant cannot tolerate a land based/home exercise program or that she requires reduced weight bearing. Therefore, the medical necessity of this request is not medically necessary.

**Lumbar MRI (high field strength MRI):** 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. Decision based on Non-MTUS Citation Lumbar chapter - MRI.

**Decision rationale:** ACOEM Guidelines reflect that MRI is moderately recommended for patients with subacute or chronic radicular pain syndromes lasting at least 4 to 6 weeks in whom the symptoms are not trending towards improvement if both the patient and surgeon are considering prompt surgical treatment, assuming the MRI confirms ongoing nerve root compression. There is an absence in documentation noting that this claimant has nerve root compression. Additionally, repeat MRI is not supported by current treatment guidelines. Therefore, the medical necessity of this request is not medically necessary.

**Medical visit for RX of medications as x1 (as per [REDACTED]):** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79-103. Decision based on Non-MTUS Citation Pain chapter - office visits

**Decision rationale:** ACOEM Guidelines as approved by CA Chapter 5 Cornerstones of Disability Prevention and Management. Pg 79 of 103. Under the optimal system, a clinician acts as the primary case manager. The clinician provides appropriate medical evaluation and treatment and adheres to a conservative evidence-based treatment approach that limits excessive physical medicine usage and referral. Ideally, the clinician has previously visited the job site and knows the functional demands of the position. If this is not possible, a review of the job description is appropriate. This claimant is being prescribed Ibuprofen, Metaxalone and baclofen. A follow-up visit for medication management is reasonable as this claimant is provided with medications that require monitoring and follow-up. Therefore the request is medically necessary.

**Consultation w/[REDACTED] and follow-up with [REDACTED]:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chapter 7 - consultation Pain chapter - office visit.

**Decision rationale:** ACOEM Guidelines as approved by CA Chapter 7 Independent Medical Examinations and Consultations notes that consultation is indicated to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient. This claimant does not have a surgical lesion that would require

follow-up with [REDACTED]. Documentaiton is absent as to why the claimant would require a follow-up with [REDACTED] or his specialty. Therefore the medical necessity of this request is not medically necessary.