

Case Number:	CM14-0211230		
Date Assigned:	02/03/2015	Date of Injury:	12/26/2012
Decision Date:	03/05/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	12/16/2014

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. 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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:

This is a 48-year-old female with a work-related injury dated December 26, 2012. Past treatment history included 12 chiropractic visits, 24 physical therapy visits, two acupuncture visits and a psyche consult. The physician's visit dated November 13, 2014 reflected that the worker was complaining of severe burning right ankle pain and sharp low back pain along with weakness aggravated by prolonged walking. The worker was also complaining of sleep disturbance due to pain. The worker was also suffering from depression, anxiety and irritability. The physical exam was remarkable for positive trigger points in the lumbar spine, range of motion that was decreased and painful, tenderness to palpation of the lumbar paravertebral muscles with muscle spasm, short leg raises positive on the right, tenderness to palpation of the anterior ankle and lateral ankle and inversion test was positive. Diagnosis at this visit included lumbar myospasm, lumbar radiculopathy, lumbar sprain, disruption of sleep cycle, loss of sleep, sleep disturbance, anxiety, depression, irritability and nervousness. Treatment plan included a pain management consult, pain medication consult, acupuncture 8 visits and chiropractic 8 visits. The utilization review dated December 1, 2014 non-certified the request for chiropractic visits to the lumbar spine and right ankle, two times per week for four weeks. The rationale for the non-coverage was based on the California MTUS, Pain Medical Treatment Guidelines, Manual therapy and manipulation. The medical documentation reflects that the worker had previously received 24 sessions of chiropractic care, which is the statutory maximum. The documentation did not contain any information that care had led to any functional improvement sufficient to consider additional care. The request was therefore non-certified. The requests for (NCV) Nerve

Conduction Velocity Studies to the right and left lower extremity and (EMG) Electromyopathy Studies to the right and left lower extremities were non-certified as not medically necessary. The rationale for the non-coverage was based on the ODG Neck & Upper Back guidelines on EMG and NCV studies state that testing was supported when there is clinical evidence of neuropathic signs/symptoms that would require testing to detect subtle focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. The ACOEM Guidelines also support that EMG studies are useful to identify subtle focal neurologic dysfunction. No evidence of neurological deficits were provided to support referral for testing, therefore the request for NCV and EMG studies were non-certified as not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic care for the lumbar spine and right ankle, twice weekly for four weeks:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58 - 59.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation & Chiropractic treatment Page(s): 58 & 30.

Decision rationale: Chiropractic care for the lumbar spine and right ankle, twice weekly for four weeks is not medically necessary per MTUS guidelines which state that: The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. The MTUS does not support chiropractic care for the ankle. From documentation submitted it appears patient has had chiropractic care already of 12 visits with no evidence submitted of functional improvement or objective measurable gains in function. For this reason, the request for continued chiropractic care is not medically necessary.

EMG of the left lower extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: EMG of the left lower extremity is not medically necessary per the MTUS Guidelines. The 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. The recent documentation does not reveal left lower extremity exam findings necessitating electrodiagnostic testing and therefore the EMG of the left lower extremity is not medically necessary.

EMG of the right lower extremity: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: EMG of the right lower extremity is medically necessary per the MTUS ACOEM Guidelines. The ACOEM MTUS guidelines states that electromyography (EMG), including H-reflex tests (which are considered part of the NCV), may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. The documentation indicates that the patient has low back pain and burning right ankle pain. The request for EMG of the right lower extremity is medically necessary.

NCV of the left lower extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Low Back - Lumbar & Thoracic (Acute & Chronic)

Decision rationale: NCV of the left lower extremity is not medically necessary per the MTUS ACOEM Guidelines and the ODG. The ACOEM MTUS guidelines 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. The ODG states that there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. The documentation does not indicate exam findings or recent left lower extremity symptoms necessitating electrodiagnostic testing therefore NCV of the left lower extremity is not medically necessary.

NCV of the right lower extremity: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: NCV of the right lower extremity is medically necessary per the MTUS ACOEM Guidelines. The ACOEM MTUS guidelines states that electromyography (EMG), including H-reflex tests (which are considered part of the NCV), may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. The documentation indicates that the patient has low back pain and burning right ankle pain. The request for NCV of the right lower extremity is medically necessary.

EMG of the left upper extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

Decision rationale: EMG of the left upper extremity is not medically necessary per the MTUS and the ODG Guidelines. The ODG states that nerve conduction studies are not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but recommended if the EMG is not clearly radiculopathy or clearly negative, or to differentiate radiculopathy from other neuropathies or non-neuropathic processes if other diagnoses may be likely based on the clinical exam. The MTUS 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. The documentation does not indicate physical exam findings suggestive a neuropathic component that requires EMG testing of the left upper extremity therefore this request is not medically necessary.

EMG of the right upper extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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