

<b>Case Number:</b>	CM14-0212003		
<b>Date Assigned:</b>	01/02/2015	<b>Date of Injury:</b>	10/16/2013
<b>Decision Date:</b>	03/03/2015	<b>UR Denial Date:</b>	11/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/17/2014

### 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: California  
 Certification(s)/Specialty: Family Practice

### 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 patient is a 52 year old female custodial worker who sustained an industrial injury on October 16, 2013 at which time she fell and landed on her buttock and low back area. X-rays performed on October 17, 2013 revealed right superior and inferior pubic ramus fracture. Qualified medical evaluation performed on March 20, 2014 noted that the patient's complaints of low back pain radiating to the left buttock along the S1 dermatome. The patient takes aspirin for pain relief. X-ray on April 9, 2012 revealed L5 facet arthritis worse on the left than the right. On June 4, 2012 left sacroiliac joint injection was performed Lumbar spine MRI on March 15, 2014 revealed severe bilateral neural foraminal stenosis on the left greater than right at the L5 level. It is also noted that correlation should be made for bilateral S1 radiculopathy. Objective examination performed by the qualified medical evaluator revealed reduced sensation in the S1 dermatome at the left calf and tenderness at the left posterior superior iliac spine to percussion. Per an initial evaluation on August 29, 2014, the patient reported low back pain with left lower extremity radiation. She is working full time. She has had physical therapy and epidural injections with some help. She wants to try acupuncture and chiropractic treatment. Physical examination revealed lumbar tenderness, lumbar facet joint and left posterior superior iliac spine tenderness, positive Patrick's, dysesthesia in the left L5 dermatomes, and sacral tenderness. She was diagnosed with clinically consistent lumbar radiculopathy, sacroiliitis, sacrococcygeal pain, and low back pain. Request was made for chiropractic treatment, electromyography and nerve conduction study of the left lower extremity to rule out lumbosacral radiculopathy, Utilization review was performed on November 17, 2014 at which time the request for additional

chiropractic treatments and electrodiagnostic studies of the left lower extremity were noncertified as there was no information about past treatments.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Initial chiropractic treatment, twice weekly, lumbar spine, per 08/29/14 report. Qty: 8.00:**  
Overturned

**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 and Manipulation Page(s): 58-59.

**Decision rationale:** According to the MTUS Chronic Pain Medical Treatment Guidelines, manual therapy & manipulation is recommended for chronic pain if caused by musculoskeletal conditions. In this case, the patient has chronic back pain and has not responded to past conservative treatment. The request for an initial course of chiropractic treatments would be supported in an order to ameliorate her pain and increase her function. The request for initial chiropractic treatment, twice weekly, lumbar spine, per 08/29/14 report. Qty: 8.00 is medically necessary.

**EMG of the left lower extremity, per 08/29/14 report. Qty: 1.00:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. 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, 309.

**Decision rationale:** According to the MTUS ACOEM guidelines, unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery and option. In this case, the patient has subjective and objective evidence of left lower extremity radiculopathy corroborated with evidence of severe neuroforaminal stenosis on imaging studies. The patient has not responded to past conservative treatment and therefore the request for NCV of the left lower extremity at this juncture is medically necessary.

**Nerve conduction study of the left lower extremity, per 08/29/14 report. Qty: 1.00:**  
Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. 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, 309.

**Decision rationale:** According to the MTUS ACOEM guidelines, unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery and option. In this case, the patient has subjective and objective evidence of left lower extremity radiculopathy corroborated with evidence of severe neuroforaminal stenosis on imaging studies. The patient has not responded to past conservative treatment and therefore the request for NCV of the left lower extremity at this juncture is medically necessary.