

<b>Case Number:</b>	CM15-0064374		
<b>Date Assigned:</b>	04/10/2015	<b>Date of Injury:</b>	07/06/2014
<b>Decision Date:</b>	06/09/2015	<b>UR Denial Date:</b>	03/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/06/2015

### 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, Washington

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

### 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 45 year old female, who sustained an industrial injury on 07/06/2014 due to lifting a patient on a Hoyer lift. The injured worker is currently diagnosed as having thoracic spine strain, right shoulder muscle strain, neck muscle strain, and radiculopathy. The provided notes included an x-ray of the cervical spine, MRI of the cervical spine without contrast, EMG/NCV, MRI of the lumbar spine without contrast, and a radiologic examination of the thoracic spine. The EMG revealed mild right C-6 radiculopathy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG (electromyogram)/NCS (nerve conduction study) BLE (bilateral lower extremity):**  
Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Nerve conduction studies (NCS).

**Decision rationale:** The American College of Occupational and Environmental Medicine 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 3 or 4 weeks. They do not address NCS of the lower extremities. As such, secondary guidelines were sought. The Official Disability Guidelines do not recommend NCS as there is minimal justification for performing nerve conduction studies when an injured worker is presumed to have symptoms on the basis of radiculopathy. There is no documentation of a peripheral neuropathy condition that exists in the bilateral lower extremities. There is no documentation specifically indicating the necessity for both an EMG and NCS. There was no physician documentation to support the necessity for electrodiagnostic studies. There was a lack of documentation of a failure of conservative care and the specific conservative care that was utilized. Given the above and the lack of documentation, the request for EMG (electromyogram)/NCS (nerve conduction study) BLE (bilateral lower extremity) is not medically necessary.

**Cervical ESI (epidural steroid injection) C6-7: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46.

**Decision rationale:** The California MTUS Guidelines recommend epidural steroid injections when there is documentation of objective findings of radiculopathy that are corroborated by electrodiagnostics or MRI findings. There should be documentation of a failure of conservative care including physical medicine, exercise, NSAIDs, and muscle relaxants. The clinical documentation submitted for review indicated the injured worker had a mild right C6 radiculopathy on EMG findings. There was, however, a failure of documentation regarding conservative care and objective findings upon physical examination. Given the above, the request for Cervical ESI (epidural steroid injection) C6-7 is not medically necessary.

**Physical Therapy, 1 time per week for 8 weeks, Neck & Low Back: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98, 99.

**Decision rationale:** The California MTUS Guidelines recommend physical medicine treatment for myalgia and myositis as well as radiculitis for up to 10 visits. The clinical documentation submitted for review indicated the injured worker previously had undergone physical therapy medicine treatment. There was a lack of documentation of objective functional deficits to support the need for therapy. Given the above, the request for Physical Therapy, 1 time per week for 8 weeks, Neck & Low Back is not medically necessary.

**Chiropractic Massage Therapy, 1 time weekly for 8 weeks, Neck & Low Back: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy, Massage therapy Page(s): 58, 59, 60.

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines state 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 to 8 weeks may be appropriate. Treatment for flare ups requires a need for re-evaluation of prior treatment success. 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 to 6 visits should be documented with objective improvement in function. The request for 8 sessions would be excessive. The clinical documentation submitted for review failed to provide documentation of exceptional factors to support nonadherence to guideline recommendations. The California MTUS Guidelines recommend massage therapy for up to 4 to 6 visits; however, there is a lack of long term benefit and, as such, massage would not be supported. Given the above, the request for Chiropractic Massage Therapy, 1 time weekly for 8 weeks, Neck & Low Back is not medically necessary.