

<b>Case Number:</b>	CM15-0066961		
<b>Date Assigned:</b>	04/14/2015	<b>Date of Injury:</b>	04/01/2013
<b>Decision Date:</b>	05/19/2015	<b>UR Denial Date:</b>	03/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/08/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 52-year-old male, who sustained an industrial injury on 04/01/2013. He has reported injury to the low back. The diagnoses have included thoracic sprain/strain; lumbar sprain/strain; left meralgia parasthetica; thoracolumbar contusion; and chronic pain syndrome. Treatment to date has included medications, diagnostics, and chiropractic therapy. Medications have included Gabapentin. A progress report from the treating provider, dated 03/04/2015, documented an evaluation with the injured worker. Currently, the injured worker complains of weakness in the lumbar spine and left rib pain; and is much improved with chiropractic therapy. Objective findings included mild left lumbar spine tenderness; and minimal tenderness to the left lower ribcage. The treatment plan has included the request for EMG (Electromyography)/NCV (Nerve Conduction Velocity) studies of the bilateral lower extremities; and chiropractic two times a week for four weeks thoracic lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG/NCV BLE:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official disability guidelines Low Back Chapter, Nerve conduction studies Low Back Chapter, Electro diagnostic studies (EDS).

**Decision rationale:** Based on the 10/29/14 progress report provided by treating physician, the patient presents with low back pain, spasms and numbness to front of bilateral thighs and lower extremities. The request is for EMG/NCV BLE. Patient's diagnosis per Request for Authorization form dated 03/19/15 includes Meralgia Parasthetica, residuals thoraco lumbar contusion. Physical examination on 02/11/15 revealed, "Decreased dorsolumbar mobility by 10%. Palpable tenderness, joint dysfunction and myofascial trigger points of paraspinals. Negative SLR bilat and normal neuros." Treatment to date has included medications, imaging studies, and chiropractic therapy. Patient has been temporarily totally disabled, per 10/29/14 progress report. Per treater report dated 03/04/15, the patient may return to modified work. For EMG, ACOEM Guidelines page 303 states, "Electromyography, 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." Regarding Nerve conduction studies, ODG guidelines Low Back Chapter, under Nerve conduction studies states, "Not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy." ODG for Electro diagnostic studies (EDS) states, "(NCS) which are not recommended for low back conditions, and EMGs (Electromyography) which are recommended as an option for low back." Treater has not provided reason for the request. UR letter dated 03/26/15 states "Records reviewed fail to show any evidence of radicular findings or neurological exam findings to support the role of EMG/NCV testing." MRI of the lumbar spine on 10/27/14 revealed, "mild biconcave wedging of the third, fourth, and fifth lumbar vertebral bodies, mild right-sided degenerative facet arthropathy L4/L5, and mild congenital central canal stenosis L4/L5." Given the patient's continued complaints of pain and radicular components, further diagnostic testing may be useful to obtain unequivocal evidence of radiculopathy. There is no indication prior EMG/NCV testing has been done. Therefore, the request for EMG/NCV of the bilateral lower extremities IS medically necessary.

**Chiropractic 2 Times A Week for 4 Weeks Thoracic Lumbar Spine:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-59.

**Decision rationale:** Based on the 10/29/14 progress report provided by treating physician, the patient presents with low back pain, spasms and numbness to front of bilateral thighs and lower extremities. The request is for CHIROPRACTIC 2 TIMES A WEEK FOR 4 WEEKS THORACIC LUMBAR SPINE. Patient's diagnosis per Request for Authorization form dated 03/19/15 includes Meralgia Parasthetica, residuals thoraco lumbar contusion. MRI of the lumbar spine on 10/27/14 revealed "mild biconcave wedging of the third, fourth, and fifth lumbar vertebral bodies, mild right-sided degenerative facet arthropathy L4/L5, and mild congenital

central canal stenosis L4/L5." Treatment to date has included medications, imaging studies, and chiropractic therapy. Patient has been temporarily totally disabled, per 10/29/14 progress report. Per treater report dated 03/04/15, the patient may return to modified work. MTUS Manual Therapy and Manipulation guidelines pages 58, 59 state that treatment is recommended for chronic pain if caused by musculoskeletal conditions. For the low back, it is recommended as an option. For Therapeutic care: A trial of 6 visits over 2 weeks, with evidence of objective functional improvement, with a total of up to 18 visits over 6-8 weeks is allowed. For manual therapy, the MTUS guidelines on page 59 states, "Delphi recommendations in effect incorporate two trials, with a total of up to 12 trial visits with a re-evaluation in the middle, before also continuing up to 12 more visits (for a total of up to 24)." UR letter dated 03/26/15 states "There is no current documentation of objective exam findings that would support ongoing chiropractic care." Per 03/04/15 progress report, treater states "patient completes his 12th pre-approved visit today and notes decrease in pain, which is no longer constant. (Absent approx 30% and varies between 1-4/10). Oswestry Back disability index rating decreased 24/100 (initial rating 60/100). Patient has been compliant with his exercises and appointments." In this case, treater does not explain why additional chiropractic treatment is being requested. However, treater has documented functional improvement as a result of chiropractic care and it appears patient's work status has changed from temporarily totally disabled to "return to modified duty," due to treatment rendered. Given documentation of functional improvement, the request for additional 8 sessions appears reasonable and in accordance with guidelines. Therefore, the request IS medically necessary.