MAXIMUS Federal Services

| Case Number: | CM15-0069465 | | |
|---|---|---|---|
| Date Assigned: | 04/17/2015 | Date of Injury: | 05/19/2014 |
| Decision Date: | 05/21/2015 | UR Denial Date: | 03/09/2015 |
| Priority: | Standard | Application Received: | 04/13/2015 |

## 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: North Carolina, Georgia
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 injured worker is a 49 year old female, who sustained an industrial injury on 5/19/2014. She reported injury to her neck, right shoulder and wrist, low back, right leg, and right ankle. Prior injury claim for her right side, neck, shoulder, thumb, low back, hip and left leg was noted. The injured worker was diagnosed as having carpal tunnel syndrome and lumbar sprain/strain. Treatment to date has included diagnostics, wrist brace, medications, acupuncture, home exercises, and physical therapy. Currently, the injured worker complains of persistent pain in her neck (rated 8-9/10), right shoulder (4-5/10), hand/wrist (6-9/10), fingers, low back (4-8/10), right leg (4/10) and ankle swelling. She reported feelings of stress, depression, and anxiety. Co-morbid conditions included hypertension, diabetes, and high cholesterol. Current medication use for pain included Motrin. The treatment plan included chiropractic (3x4) for the low back and electromyogram and nerve conduction studies for all extremities.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic care, 3x4, for the low back:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 58-60.

**Decision rationale:** The CA MTUS states that manual therapy such as chiropractic manipulation is widely recommended for chronic pain if caused by certain musculoskeletal conditions. It is considered an option for low back pain with a trial of six visits over 2 weeks, which, if there is evidence of functional improvement, can be extended to 18 visits over 6-8 weeks. It is not medically indicated for maintenance or ongoing care. For flares of symptoms, if return to work has been achieved, then 1-2 visits every 4-6 months are indicated. In this case the request is for 12 sessions of chiropractic care which exceeds the recommended 6 initial visits. Chiropractic 3 x 4 is not medically necessary.

**EMG (electromyography)/NCV (nerve conduction velocity) of the bilateral lower extremities:** 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): 303-304.

**Decision rationale:** CA MTUS/ACOEM allows for the use of EMG and NCV for the evaluation of radiculopathy and peripheral neuropathy when symptoms are present for more than a few weeks. These tests may help identify subtle focal neurological dysfunction in cases of lower extremity symptoms. The submitted records do not describe specific lower extremity symptoms for which EMG or NCV would be useful. EMG/NCV of bilateral lower extremities are not necessary.