

<b>Case Number:</b>	CM15-0072110		
<b>Date Assigned:</b>	04/22/2015	<b>Date of Injury:</b>	08/11/2014
<b>Decision Date:</b>	07/01/2015	<b>UR Denial Date:</b>	03/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/15/2015

### 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: Preventive Medicine, Occupational 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 41 year old male sustained an industrial injury on 8/11/14. He subsequently reported back pain. Diagnoses include lumbar sprain and strain. Treatments to date have included x-rays, chiropractic care, physical therapy and prescription pain medications. The injured worker continues to experience low back that radiates to the bilateral lower extremities as well as numbness in bilateral hands and fingers. A request for MRI of the lumbar spine, Electromyography / Nerve Conduction Velocity of the upper extremities, Chiropractic therapy, 14 visits, Lumbar X-ray and Pain management follow-up for medication was made by the treating physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the Lumbar Spine:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines, Lumbar MRI.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 297, 303, 304, 309.

**Decision rationale:** The MTUS Guidelines do not recommend the routine use of MRI with low back complaints. MRI should be reserved for cases where there is physiologic evidence that tissue insult or nerve impairment exists, and the MRI is used to determine the specific cause. MRI is recommended if there is concern for spinal stenosis, cauda equine, tumor, infection or fracture is strongly suspected, and x-rays are negative. The injured worker demonstrates signs of radiculopathy, and has failed to progress with conservative therapy. X-rays have already been completed which show a congenital anomaly, but do not necessarily explain the injured worker's symptoms. Proceeding with an MRI at this time is appropriate. The request for MRI of lumbar spine is determined to be medically necessary.

**Electromyography/Nerve Conduction Velocity of the upper extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178. Decision based on Non-MTUS Citation Official Disability Guidelines, EMG/NCV.

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

**Decision rationale:** The MTUS Guidelines state that unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to order imaging studies if symptoms persist. When neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. EMG and NCV may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. There is no objective neurological findings on exam. The upper extremities are noted by utilization review to not be accepted body parts for the injured worker's claim. The request for electromyography/nerve conduction velocity of the upper extremities is determined to not be medically necessary.

**Lumbar X-ray:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, 304.

**Decision rationale:** The MTUS Guidelines do not recommend the use of lumbar spine x-rays in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least six weeks. However, it may be appropriate with the physician believes it would be aid in patient management. 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 an option. When neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings such as disk bulges that are not the source of painful symptoms and do not warrant surgery. The injured worker received lumbar spine x-rays on August 20th, 2014 that revealed only a congenital abnormality. There has been no new

injury since those x-rays and there are no red flags that would necessitate repeat x-rays. There is also a request for MRI, which has been determined to be medically necessary, so the addition of an x-ray is not indicated. The request for lumbar X-ray is determined to not be medically necessary.

**Chiropractic therapy, 14 visits:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-59; 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines, Manipulation and Physical Medicine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation section Page(s): 58-61.

**Decision rationale:** Per the MTUS Guidelines, chiropractic care consisting of manual therapy and manipulation for the low back is recommended for chronic pain if caused by musculoskeletal conditions. Manual therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect 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. A therapeutic trial of 6 visits over 2 weeks is recommended. If there is evidence of objective functional improvement, a total of up to 18 visits over 6 to 8 weeks is recommended. Elective or maintenance care is not recommended. Recurrences or flare ups should be evaluated for treatment success, and if return to work is achieved, 1-2 visits every 4-6 months is reasonable. The injured worker is chronically injured with significant pain despite previous chiropractic treatments. There is no evidence in the medical records that the injured worker has benefitted significantly from previous therapy, or that he will benefit from additional therapy. The request for chiropractic therapy, 14 visits, is determined to not be medically necessary.

**Pain management follow-up for medication:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine, chapter 6, page 112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Hyperalgesia Section Page(s): 96.

**Decision rationale:** The MTUS Guidelines provide recommendations for pain management follow up, usually in the context of increasing opioid use or chronic pain that continues to be uncontrolled despite physical modalities and incremental dose increases of medication. The requesting provider does not document anything that indicates there is need for follow up with pain management. The injured worker is in the chronic phase of treatment with no acute exacerbation of pain. The request for pain management follow-up for medication is determined to not be medically necessary.