

Case Number:	CM17-0010006		
Date Assigned:	01/19/2017	Date of Injury:	10/31/2016
Decision Date:	02/16/2017	UR Denial Date:	01/13/2017
Priority:	Standard	Application Received:	01/16/2017

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: Connecticut

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:

This case involves a now 54-year-old female with a history of an occupational claim from 10/31/2016. The mechanism of injury is detailed as a fall. The current diagnoses are documented as a strain of the left hip; a strain of the muscle, fascia, and tendon of the low back; sprain of the muscle, fascia, and tendon of the left hip; sprain of the ligaments of the lumbar spine; unspecified injury of the left lower leg; lumbar strain; and left knee injury. Prior treatment included transcutaneous electrical nerve stimulation, medication, chiropractic therapy, physical therapy, and activity modification. An MRI of the lumbar spine on 01/18/2017 reported mild canal stenosis and mild left neural foraminal narrowing at the L4-5 level and moderate left and mild right neural foraminal narrowing with left foraminal disc protrusion contacting the exiting left L5 nerve root at the L5-S1 level. The clinical note on 01/19/2017 reported the patient has been experiencing pain for 10 months and rated the pain a 5/10 on visual analog scale. The patient reported low back pain. The patient reported the pain was improved 30% with ultrasound treatment. The patient reported the low back pain radiated into the lateral aspect of the left calf and patellar surface of the left foot. The patient reported left knee as localized to the popliteal fossa and the midline joint. The patient continued to work with restrictions. Current medications included lovastatin and metformin. On physical examination, the patient ambulated with a guarded gait, the patient had tenderness to palpation, a 4+/5 left lower extremity and a 5/5 right lower extremity muscle strength, diminished sensation in the L5-S1 dermatome, and a positive straight leg raise on the left at 45 degrees and negative on the right. The treatment plan included continuation of conservative treatment, continuation of medication, and to follow-up for re-

evaluation. A Request for Authorization was received on 01/06/2017 for the requested services. This request was previously deemed not medically necessary on 01/13/2017 given there was no evidence of conservative treatment or radiographs of the left knee to support imaging, it was unknown how many chiropractic therapy sessions the patient has previously had, there was no provided objective improvement with prior therapy, and radiculopathy was already clinically obvious to support electrodiagnostic testing in the lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Special Studies.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

Decision rationale: According to ACOEM Guidelines, imaging is not needed until after a period of conservative care and observation. In this case, it was indicated the patient had left knee pain. On examination, the patient had tenderness to palpation of the medial joint line. However, the submitted documentation did not provide any clear evidence the patient has had recent conservative treatment to support imaging of the left knee. There were no provided radiographs of the left knee. As such, this request is not medically necessary.

Chiropractic evaluation, lumbar spine, left hip and knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2016, Section(s): Manual therapy & manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2016, Section(s): Manual therapy & manipulation.

Decision rationale: According to California MTUS 2016 Chronic Pain Guidelines, chiropractic therapy is recommended for pain if caused by musculoskeletal conditions. In this case, it was indicated the patient has previously had chiropractic therapy. However, the submitted documentation did not provide any chiropractic therapy notes documenting how many sessions the patient has had or if there was evidence the patient made progress in terms of objective or functional improvement with prior chiropractic treatment. The submitted documentation did not provide any exceptional factors to support additional chiropractic treatment beyond guideline recommendations. As such, this request is not medically necessary.

Chiropractic treatment for the lumbar spine, 12 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2016, Section(s): Manual therapy & manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2016, Section(s): Manual therapy & manipulation.

Decision rationale: According to California MTUS 2016 Chronic Pain Guidelines, chiropractic therapy is recommended for pain if caused by musculoskeletal conditions. In this case, it was indicated the patient has previously had chiropractic therapy. However, the submitted documentation did not provide any chiropractic therapy notes documenting how many sessions the patient has had or if there was evidence the patient made progress in terms of objective or functional improvement with prior chiropractic treatment. The submitted documentation did not provide any exceptional factors to support additional chiropractic treatment beyond guideline recommendations. As such, this request is not medically necessary.

Chiropractic for the left hip and left knee, 12 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2016, Section(s): Manual therapy & manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2016, Section(s): Manual therapy & manipulation.

Decision rationale: According to California MTUS 2016 Chronic Pain Guidelines, chiropractic therapy is recommended for pain if caused by musculoskeletal conditions. In this case, it was indicated the patient has previously had chiropractic therapy. However, the submitted documentation did not provide any chiropractic therapy notes documenting how many sessions the patient has had or if there was evidence the patient made progress in terms of objective or functional improvement with prior chiropractic treatment. The submitted documentation did not provide any exceptional factors to support additional chiropractic treatment beyond guideline recommendations. As such, this request is not medically necessary.

EMG of the bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2016, Section(s): Electrodiagnostic testing (EMG/NCS).

Decision rationale: According to California MTUS 2016 Chronic Pain Guidelines, electrodiagnostic studies are recommended when there is neurological symptoms and in establishing the diagnosis of focal nerve entrapments, such as carpal tunnel syndrome or radiculopathy. In this case, it was indicated the patient had low back pain that radiated to the lower extremities. On physical examination, the patient had tenderness to palpation, decreased range of motion, a 4+/5 motor strength on the left lower extremity, decreased sensation in the L5-S1 distribution, and a positive straight leg raise on the left at 45 degrees. However, the patient had imaging of the lumbar spine on 01/18/2017 that reported moderate left and mild right foraminal narrowing and left foraminal disc protrusion contacting the exiting left L5 nerve root

at the L5-S1 level. The submitted documentation did not provide a clear rationale for electrodiagnostic testing given imaging already provided pathology at the L5-S1 level. As such, this request is not medically necessary.

NCV of the bilateral lower extremities, 2: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2016, Section(s): Electrodiagnostic testing (EMG/NCS).

Decision rationale: According to California MTUS 2016 Chronic Pain Guidelines, electrodiagnostic studies are recommended when there is neurological symptoms and in establishing the diagnosis of focal nerve entrapments, such as carpal tunnel syndrome or radiculopathy. In this case, it was indicated the patient had low back pain that radiated to the lower extremities. On physical examination, the patient had tenderness to palpation, decreased range of motion, a 4+/5 motor strength on the left lower extremity, decreased sensation in the L5-S1 distribution, and a positive straight leg raise on the left at 45 degrees. However, the patient had imaging of the lumbar spine on 01/18/2017 that reported moderate left and mild right foraminal narrowing and left foraminal disc protrusion contacting the exiting left L5 nerve root at the L5-S1 level. The submitted documentation did not provide a clear rationale for electrodiagnostic testing given imaging already provided pathology at the L5-S1 level. The submitted documentation did not provide any evidence of peripheral neuropathy to support nerve conduction studies. As such, this request is not medically necessary.