

Case Number:	CM13-0021783		
Date Assigned:	10/11/2013	Date of Injury:	01/18/2013
Decision Date:	04/17/2014	UR Denial Date:	08/21/2013
Priority:	Standard	Application Received:	08/22/2013

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 59-year-old female who reported an injury on 01/18/2013. The mechanism of injury involved a fall. The patient is currently diagnosed with cervicgia, pain in the right upper extremity, lumbago, and right thigh and pelvis pain. The patient was seen by [REDACTED] on 07/15/2013. The patient reported persistent pain over multiple areas of the body. Physical examination of the lumbar spine revealed tenderness to palpation with spasm in the lumbosacral spine, diminished range of motion, and intact sensation. Treatment recommendations at that time included authorization for an MRI of the cervical spine, right shoulder, lumbar spine, and right hip; EMG/NCV study of the bilateral upper and lower extremities; a Functional Capacity Evaluation; a psychological consultation; a course of physical therapy; a course of acupuncture treatment; and authorization for several durable medical items.

IMR ISSUES, DECISIONS AND RATIONALES

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

FUNCTIONAL CAPACITY EVALUATION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, 2nd edition, Chapter 7, pages 137-138; as well as the Official Disability Guidelines (ODG), Fitness for Duty Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): s 89-92. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty Chapter, Functional Capacity Evaluation.

Decision rationale: The California MTUS Guidelines state that a number of functional assessment tools are available, including Functional Capacity Examinations, when reassessing function and functional recovery. The Official Disability Guidelines state that a Functional Capacity Evaluation should be considered if case management is hampered by complex issues and the timing is appropriate. As per the documentation submitted, there is no evidence of previous unsuccessful return to work attempts. There is no indication that this patient has reached or is close to reaching maximum medical improvement. There is also no evidence of a defined return to work goal or job plan. The patient is pending authorization for several imaging studies as well as physical therapy, acupuncture treatment, and durable medical equipment. Based on the clinical information received, the requested FCE is not medically necessary or appropriate at this time.

ELECTROMYOGRAPHY (EMG) AND NERVE CONDUCTION STUDY (NCS) OF THE BILATERAL LOWER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): s 303-305.

Decision rationale: The California MTUS Guidelines state that electromyography/nerve conduction studies, 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. As per the documentation submitted, the patient's physical examination of the lumbar spine only revealed tenderness to palpation, spasm, and decreased range of motion. There was no documentation of decreased sensation or lower extremity weakness. There is also no documentation of this patient's exhaustion of conservative treatment prior to the request for an electrodiagnostic study. The patient is also pending authorization for an MRI of the lumbar spine. Based on the clinical information received, the requested EMG/NCS is not medically necessary or appropriate at this time.