

Case Number:	CM14-0008429		
Date Assigned:	02/12/2014	Date of Injury:	04/11/2012
Decision Date:	06/24/2014	UR Denial Date:	01/06/2014
Priority:	Standard	Application Received:	01/22/2014

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 and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 62 year-old male who was injured on 4/11/12. He has been diagnosed with cervical disc bulge; cervical radiculopathy, lumbar disc bulge; lumbar radiculitis and right inguinal hernia. According to the 12/23/13 chiropractic report, from [REDACTED], the patient presents with neck and low back pain. He amulates with a cane, and has weakness in the left arm and leg. The plan was for EMG/NCV for the lower extremities to rule out radiculopathy; and for a functional capacity evaluation. On 1/6/14 UR recommended against the FCE and EMG/NCV.

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: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: ACOEM chapter 7, pg 137-138 Opinion about current work capability and, if requested, the current objective functional capacity of the examinee. The examiner is responsible for determining whether the impairment results in functional limitations and to inform the

examinee and the employer about the examinee's abilities and limitations. The physician should state whether the work restrictions are based on

Decision rationale: According to the 12/23/13 chiropractic report, from [REDACTED], the patient presents with neck and low back pain. The request is for a functional capacity evaluation. California MTUS does not discuss functional capacity evaluations. ACOEM chapter 7, was not adopted into MTUS, but would be the next highest-ranked standard according to LC4610.5 (2) (B). ACOEM does not appear to support the functional capacity evaluations and states: "Functional capacity evaluations may establish physical abilities, and also facilitate the examinee/employer relationship for return to work. However, FCEs can be deliberately simplified evaluations based on multiple assumptions and subjective factors, which are not always apparent to their requesting physician. There is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace; an FCE reflects what an individual can do on a single day, at a particular time, under controlled circumstances, that provide an indication of that individual's abilities. As with any behavior, an individual's performance on an FCE is probably influenced by multiple nonmedical factors other than physical impairments. For these reasons, it is problematic to rely solely upon the FCE results for determination of current work capability and restrictions." The functional capacity evaluation does not appear to be in accordance with ACOEM guidelines.

EMG LOWER EXTREMITIES: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation.

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

Decision rationale: According to the 12/23/13 chiropractic report, from [REDACTED], the patient presents with neck and low back pain. He has pain down the left leg. The request is for an EMG for evaluation of possible radiculopathy. MTUS/ACOEM guidelines state: "Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks." The request appears to be in accordance with MTUS/ACOEM guidelines.

NCV LOWER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Insert Section (for ODG-TWC guidelines, low back chapter online, (http://www.odg-twc.com/odgtwc/low_back.htm#ProcedureSummary) Nerve conduction studies (NCS) Not recommended. There is minimal justification for performing nerve conduction studies when a

patient is presumed to have symptoms on the basis of radiculopathy. (Utah, 2006) This systematic review and meta-analysis demonstrate that neurological testing procedu

Decision rationale: According to the 12/23/13 chiropractic report, from [REDACTED], the patient presents with neck and low back pain. He has pain down the left leg. The request is for an NCV for evaluation of possible radiculopathy. MTUS/ACOEM recommends the H-reflex portion of the NCV, but does not discuss the whole NCVk ,so ODG guidelines were consulted. ODG states that NCS is not recommended when the patient is suspected to have symptoms on the basis of radiculopathy. The request for the NCV is not in accordance with ODG guidelines.