

Case Number:	CM14-0040157		
Date Assigned:	06/27/2014	Date of Injury:	03/22/2009
Decision Date:	08/05/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	04/05/2014

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 Occupational Medicine 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:

This is a 57-year-old male who sustained injury on 03/22/2009 when he fell off a scaffold about 15 feet down on the ground and sustained injury to the lower back. Treatment history includes medications, physical therapy, and massage therapy. A progress report dated 02/12/2014 indicates that patient complained of lower back pain with radiculopathy in the left lower extremity with numbness, tingling and weakness. He has difficulty with his daily activities along with difficulty with prolonged periods of sitting, standing, walking, and stair climbing as well as lifting, pushing, pulling, squatting, kneeling and stooping. On physical exam, there was spasm, tenderness, and guarding was noted in the paravertebral muscles of the lumbar spine along with decreased range of motion. Decreased dermatomal sensation with pain noted over the left L5 dermatome. Treatment recommendation include FCE because patient was nearing MMI and also requested neurodiagnostic studies of the bilateral lower extremities since the patient was provided with extensive conservative treatment along with medical therapy but continues to complain of radiculopathy in the left lower extremity with numbness, tingling and weakness. It was noted that the patient would like to avoid surgical intervention to the lumbar spine. He is currently working his usual and customary occupation and he should continue to do so. A UR dated 03/21/2014 indicates that the request for EMG/NCS of lower extremity was non-certified since there was no documentation of DTRs, no SLR, and no reflex evaluation or motor weakness detected in the clinical exam as well as no MRI of lumbar included for review. The request for FCE was non-certified since there was no job description included to document the specific activities that the patient had to perform as part of his usual and customary duties to warrant an FCE. The documentation indicated that the patient was performing his regular work.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG of the 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, Treatment Index, 12th Edition (web), 2014, Low Back Chapter, EMG testing.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back - Lumbar & Thoracic, EMGs (electromyography).

Decision rationale: The request is for EMG studies in a patient with lumbar radiculopathy and MRI findings that confirm the etiology. EMGs (electromyography) may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious. (Bigos, 1999) (Ortiz-Corredor, 2003) (Haig, 2005). Therefore the request is not medically necessary.

NCS of the 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, Treatment Index, 12th Edition (web), 2014, Low Back Chapter, EMG testing.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic, Nerve conduction studies (NCS).

Decision rationale: The request is for NCS studies in a patient with lumbar radiculopathy and MRI findings that confirm the etiology. The CA MTUS/ACOEM and ODG do not recommend NCS studies. 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 procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy. (Al Nezari, 2013) In the management of spine trauma with radicular symptoms, nerve conduction studies (NCS) often have low combined sensitivity and specificity in confirming root injury, and there is limited evidence to support the use of often uncomfortable and costly NCS. (Charles, 2013) (Haig, 2005).

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, Chapter 7, Functional Capacity Evaluation, Page 511 Official Disability Guidelines, Treatment Index, 12th Edition (web), 2014, Fitness for Duty Chapter Functional Capacity Evaluation (FCE).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7 - Independent Medical Examinations and Consultations, pages 127 Official Disability Guidelines (ODG), Fitness for Duty, Functional capacity evaluation (FCE).

Decision rationale: The CA MTUS/ACOEM and ODG do not recommend FCE Not recommend routine use as part of occupational rehab or screening, or generic assessments in which the question is whether someone can do any type of job generally. See entries for Work conditioning, work hardening in each body-part chapter, for example, the Low Back Chapter. Both job-specific and comprehensive FCEs can be valuable tools in clinical decision-making for the injured worker; however, FCE is an extremely complex and multifaceted process. Little is known about the reliability and validity of these tests and more research is needed. (Lechner, 2002) (Harten, 1998) (Malzahn, 1996) (Tramposh, 1992) (Isernhagen, 1999) (Wyman, 1999) Functional capacity evaluation (FCE), as an objective resource for disability managers, is an invaluable tool in the return to work process. (Lyth, 2001) There are controversial issues such as assessment of endurance and inconsistent or sub-maximum effort.