Case Number:	CM14-0046245		
Date Assigned:	08/18/2014	**Date of Injury:**	05/16/2006
Decision Date:	09/30/2014	**UR Denial Date:**	03/25/2014
Priority:	Standard	**Application Received:**	04/14/2014

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:

The patient is a 45-year-old male who has submitted a claim for lumbar spine strain and left foot crushing injury: status post transmetatarsal amputation (05/2006) with history of delayed healing and persistent pain; and status post neuroma excision left foot (2209) with persistent pain and sympathetic dystrophy associated with an industrial injury date of 05/16/2006.Medical records from 11/07/2013 to 07/31/2014 were reviewed and showed that patient complained of low back pain graded 6/10 radiating to left leg and left foot. . Physical examination revealed no tenderness, full lumbar ROM, phantom sensation on the left foot due to amputation, and intact sensation, MMT, and DTRs of lower extremities. MRI of the lumbar spine dated 12/06/2012 revealed L3-4, L4-5, and L5-S1 disc bulge with partial spinal canal narrowing and minimal bilateral facet arthropathy. Treatment to date has included physical therapy and pain medications. Of note, patient was noted to have slight improvement with rehabilitation (07/28/2014). Utilization review dated 03/25/2014 denied the request for FCE because the claimant's job description was not clearly outlined. Utilization review dated 03/25/2014 denied the request for EMG/NCV of bilateral upper and lower extremities because there was no clear rationale for the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional capacity evaluation (FCE): Upheld

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

Official Disability Guidelines - Treatment for Worker's Compensation, Fitness for Duty Procedure Summary last updated 05/12/2010.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty Chapter, Functional capacity evaluation (FCE)American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page (s) 132-139.

Decision rationale: The Expert Reviewer based his/her decision on the Non-MTUS Official Disability Guidelines (ODG) Fitness for Duty Chapter, Functional capacity evaluation (FCE) American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, Chapter 7, pages 132-139. The Expert Reviewer's decision rationale:As stated on page 132-139 of the ACOEM Low Back Guidelines referenced by CA MTUS "functional capacity evaluations (FCEs) may be ordered by the treating physician if the physician feels the information from such testing is crucial." It also states that "there is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace." ODG recommends "FCE prior to admission to a work hardening program with preference for assessments tailored to a specific task or job." FCE is considered if there is prior unsuccessful return to work attempts, and the patient is close to maximum medical improvement. In this case, the patient complained of low back pain radiating down the left lower extremity. There was no discussion of prior unsuccessful return to work attempts. There was no evidence that patient was close to maximum medical improvement as evidenced by slight improvement in rehabilitation (07/28/2014). Furthermore, there was no discussion that the patient has a job offer or is currently employed. There is no clear indication for FCE at this time. Therefore, the request for functional capacity evaluation (FCE) is not medically necessary.

Electromyography (EMG) of the lumbar spine, bilateral upper and lower 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 (ODG) - Treatment for Worker's Compensation, Neck & Upper Back Procedure Summary last updated 03/07/2014; ODG Low Back Procedure Summary last updated 03/18/2014.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chapter 12 Low Back Complaints Page(s): 238, 303.

Decision rationale: The Expert Reviewer based his/her decision on the MTUS ACOEM Practice Guidelines, Chapter 10 Elbow Disorders (Revised 2007),Chapter 12 Low Back Complaints, page 238, 303.The Expert Reviewer's decision rationale:According to page 238 of the CA MTUS ACOEM Practice Guidelines, "EMG is recommended if cervical radiculopathy is suspected as a cause of lateral arm pain or if severe nerve entrapment is suspected on the basis of physical examination and denervation atrophy is likely." Moreover, guidelines do not recommend EMG before conservative treatment. According to page 303 of CA MTUS ACOEM Low Back Chapter, the guidelines support "the use of electromyography (EMG) to identify subtle, focal

neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks." In this case, patient complained of low back pain radiating down left lower extremities. Physical exam findings include intact sensation, MMT, and DTRs of lower extremities. The patient's clinical manifestations were not consistent with a focal neurologic deficit to support EMG of lower extremities. Furthermore, complete upper extremity evaluation was not made available to support EMG of upper extremities. Therefore, the request for Electromyography (EMG) of the lumbar spine, bilateral upper and lower extremities is not medically necessary.

Nerve Conduction Velocity (NCV) of the lumbar spine, bilateral upper and lower 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 ODG Neck & Upper Back Procedure Summary last updated 03/07/2014; ODG Low Back Procedure Summary last updated 03/18/2014.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261-262. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Nerve Conduction Studies ; Low Back chapter, Nerve conduction studies (NCS) Other Medical Treatment Guideline or Medical Evidence: Nerve Conduction Studies in Polyneuropathy: Practical Physiology and Patterns of Abnormality, Acta Neurol Belg 2006 Jun; 106 (2): 73-81.

Decision rationale: The Expert Reviewer based his/her decision on the MTUS ACOEM Practice Guidelines, Chapter 11 Forearm, Wrist, and Hand Complaints, page 261-262 and on the Non-MTUS Official Disability Guidelines (ODG) Neck and Upper Back, Nerve Conduction Studies; Low Back chapter, Nerve conduction studies (NCS) and Other Medical Treatment Guideline or Medical Evidence: Nerve Conduction Studies in Polyneuropathy: Practical Physiology and Patterns of Abnormality, Acta Neurol Belg 2006 Jun; 106 (2): 73-81. The Expert Reviewer's decision rationale:CA MTUS ACOEM Guidelines state that "appropriate electrodiagnostic studies may help differentiate between carpal tunnel syndrome and other conditions, such as cervical radiculopathy." These include nerve conduction studies, or in more difficult cases, electromyography may be helpful. Moreover, ODG states that "NCS is not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but is recommended if the EMG is not clearly consistent with radiculopathy. A published study entitled "Nerve Conduction Studies in Polyneuropathy" cited that NCS is an essential part of the work-up of peripheral neuropathies. Many neuropathic syndromes can be suspected on clinical grounds, but optimal use of nerve conduction study techniques allows diagnostic classification and is therefore crucial to understanding and separation of neuropathies. In this case, patient complained of low back pain radiating down left lower extremities." Physical exam findings include intact sensation, MMT, and DTRs of lower extremities. The patient's clinical manifestations were consistent with symptoms of lower extremity neuropathy; hence, NCV is a reasonable option. However, complete upper extremity evaluation was not made available to support NCS of upper extremities. The medical necessity for NCS of upper extremities cannot be established due to insufficient information. Therefore,

the request for Nerve Conduction Velocity (NCV) of the lumbar spine, bilateral upper and lower extremities is not medically necessary.