

<b>Case Number:</b>	CM14-0068511		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	11/04/2013
<b>Decision Date:</b>	09/16/2014	<b>UR Denial Date:</b>	05/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/13/2014

### 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 63 year old with an injury date on 11/4/13. Patient complains of continuous pain in lower lumbar, at times becoming sharp and shooting per 2/26/14 report. Patient also has episodes of numbness/tingling in his legs/feet, along with weakness in the legs per 2/26/14 report. Based on the 2/26/14 progress report provided by [REDACTED] the diagnoses are: 1. lumbosacral radiculopathy 2. lumbar s/s Exam on 2/26/14 showed "patient has antalgic gait, toe/heel walks and squats with pain. Spasm and tenderness to palpation in lumbar paravertebrals. Negative straight leg raise at 90 degrees bilaterally. Lumbar range of motion slightly diminished by 5 degrees in all planes. Bilateral knees/ankles have normal range of motion." [REDACTED] is requesting 1 EMG of the bilateral lower extremities, 1 NCV of the bilateral lower extremities, and 1 functional capacity evaluation. The utilization review determination being challenged is dated 5/5/14 and denies request as guidelines state that an EMG is not necessary if radiculopathy is present in a clinical examination. [REDACTED] is the requesting provider, and he provided treatment reports from 12/24/13 to 7/8/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 EMG of the bilateral lower extremities:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 14 Ankle and Foot Complaints Page(s): 303, 366-367.

**Decision rationale:** This patient presents with lower back pain. The treating physician has asked for 1 EMG of the bilateral lower extremities on 2/26/14. The review of the records does not show prior EMG/NCV studies. In regards to the electrodiagnostic studies of lower extremities, ACOEM page 303 support EMG and H-reflex tests to determine subtle, focal neurologic deficit. In this case, the treating physician asked for EMG lower extremities "to rule out peripheral nerve entrapment" per 2/26/14 report, which is reasonable considering persistent radiculopathy. Therefore, the request for 1 EMG of the bilateral lower extremities is medically necessary.

**1 NCV of the bilateral lower extremities:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back- Lumbar & Thoracic (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints, Chapter 12 Low Back Complaints Page(s): 303, 366-367.

**Decision rationale:** This patient presents with lower back pain. The treating physician has asked for 1 NCV of the bilateral lower extremities on 2/26/14. Patient has no history of prior NCV of the lower extremities. However, the ODG does not support NCV studies for symptoms that are presumed to be radicular in nature. In this case, the patient's leg symptoms are primarily radicular with no concerns for other issues such as peripheral neuropathy. Therefore, the request for 1 NCV of the bilateral lower extremities is not medically necessary.

**1 Functional Capacity Evaluation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for duty.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM chapter 7, pages 137-138.

**Decision rationale:** This patient presents with lower back pain. The treating physician has asked for 1 functional capacity evaluation on 2/26/14. Review of the records indicates that this patient has not had a prior functional capacity evaluation. Regarding functional capacity evaluations, MTUS is silent, but ACOEM does not recommend them due to their oversimplified nature and inefficacy in predicting future workplace performance. FCE's are indicated for special circumstances and only if it is crucial. It can be ordered if asked by administrator or the employer as well. In this case, the treating physician does not indicate any special circumstances

that would require a functional capacity evaluation. Routine FCE's is not supported by the guidelines. Therefore, the request for 1 functional capacity evaluation is not medically necessary.