

Case Number:	CM13-0015543		
Date Assigned:	02/07/2014	Date of Injury:	10/30/2002
Decision Date:	01/30/2015	UR Denial Date:	08/09/2013
Priority:	Standard	Application Received:	08/23/2013

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 Rehab, 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 54 year old male with an injury date on 10/30/2002. Based on the 07/29/2013 progress report provided by the treating physician, the diagnoses are: 1. Sprains and strain of Neck 2. Sprain and strain of Lumbar Region 3. Arthropathy, not elsewhere classified 4. Rotator Cuff disorder, not elsewhere classified. According to this report, the patient complains of "increased mid back and upper back pain." Pain is rated as a 9/10 without medications and a 6/10 with medications. Physical exam reveals tenderness at the occipital region. Cervical range of motion is reduced by about 10%. Examination of the left knee indicates "sensation intact." Treatment to date includes acupuncture which helps temporarily. The treatment plan is to request for "EMG/NCS lumbar spine and lower extremities radiating down the right leg posteriorly into the foot (done in house today)," CPAP machine, FCE, and refill medications. The patient's work status is "Temporarily Totally Disabled until the next appointment." There were no other significant findings noted on this report. The utilization review denied the request for (1) Retrospective Request for EMG/NCS Lumbar Spine and Lower Extremities (DOS: 7/29/2013), (2) CPAP Machine, and (3) Functional Capacity Evaluation (FCE) to Lumbar and Cervical Spine on 08/09/2013 based on the MTUS/ODG guidelines. The requesting physician provided treatment report dated 07/29/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

CPAP Machine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Apollo Managed Case: Continuous Positive Airway Pressure (CPAP) for OSA (www.cms.hhs.gov)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pulmonary chapter: Noninvasive positive pressure ventilation (NPPV)

Decision rationale: According to the 07/29/2013 report, this patient presents with pain at the "lumbar spine and lower extremities radiating down the right leg posteriorly into the foot." Per this report, the current request is for CPAP Machine. Continuous Positive Airway Pressure (CPAP) "is a mode of respiratory ventilation used primarily in the treatment of sleep apnea." Regarding Noninvasive positive pressure ventilation (NPPV), Official Disability Guidelines recommends "in patients with COPD and ventilatory failure and may be useful as an adjunct in patients with severe COPD as part of a pulmonary rehabilitation program. (Ries, 2007) Of value in acute exacerbations of COPD but not recommended in the stable patient, with or without CO2 retention. In these patients, there is no effect on dyspnea, exercise tolerance, arterial blood gases, respiratory muscle strength, or quality of life." In this case, the treating physician does not document that the patient had "COPD and ventilatory failure." The treating physician does not provide medical rationale for the request, the treatment plan simply states "CPAP machine." Therefore, the request is not medically necessary.

Functional Capacity Evaluation (FCE) to Lumbar and Cervical Spine: 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-TWC Fitness of Duty Procedure Summary

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, page 137-139, Functional Capacity Evaluation

Decision rationale: According to the 07/29/2013 report, this patient presents with pain at the "lumbar spine and lower extremities radiating down the right leg posteriorly into the foot." Per this report, the current request is for Functional Capacity Evaluation (FCE) to Lumbar and Cervical Spine. Regarding Functional/Capacity Evaluation, ACOEM Guidelines page 137 states, "The examiner is responsible for determining whether the impairment results in functional limitations... The employer or claim administrator may request functional ability evaluations... These assessments also may be ordered by the treating or evaluating physician, if the physician feels the information from such testing is crucial... There is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace." In this case, the treating physician does not explain why FCE is crucial, and it is not requested by the employer or the claims administrator. The FCE does not predict the patient's actual capacity to perform in the workplace. The request is not medically necessary.

Retrospective Request for EMG/NCS Lumbar Spine and Lower Extremities (DOS: 7/29/2013): 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-TWC Low Back Procedure Summary, EMG's (electromyography), Nerve Conduction Studies

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) Low back chapter: Electrodiagnostic Studies

Decision rationale: According to the 07/29/2013 report, this patient presents with pain at the "lumbar spine and lower extremities radiating down the right leg posteriorly into the foot." Per this report, the current request is for Retrospective Request for EMG/NCS Lumbar Spine and Lower Extremities (DOS: 7/29/2013). Regarding electrodiagnostic studies of lower extremities, ACOEM page 303 support EMG and H-reflex tests to determine subtle, focal neurologic deficit. Review of the provided report do not shows any evidence of EMG being done in the past. In this case, the treating physician has failed to document any examination findings to indicate that the patient has any signs of lower extremity radiculopathy. There is no clinical information to indicate that the patient may have any kind of neuropathy that would require testing for confirmation. The request for EMG/NCS of the lumbar spine and lower extremities is not medically necessary.