

Case Number:	CM15-0134339		
Date Assigned:	07/29/2015	Date of Injury:	08/08/2008
Decision Date:	09/02/2015	UR Denial Date:	07/06/2015
Priority:	Standard	Application Received:	07/10/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 45-year-old who has filed a claim for chronic neck pain with derivative complaints of anxiety, depression, and sleep disturbance reportedly associated with an industrial injury of August 8, 2008. In a Utilization Review report dated July 6, 2015, the claims administrator failed to approve requests for repeat electrodiagnostic testing of the bilateral upper extremities, MRI imaging of the cervical spine, and a final functional capacity evaluation. The claims administrator referenced an April 20, 2015 progress note and an associated RFA form of the same date in its determination. The applicant's attorney subsequently appealed. In an RFA form dated April 20, 2015, Naprosyn, Lidoderm patches, a final functional capacity evaluation, Xanax, Prilosec, a Toradol injection, MRI imaging of the cervical spine, and repeat electrodiagnostic testing of the bilateral upper and bilateral lower extremities were sought. In an associated progress note of the same date, April 20, 2015, the applicant reported ongoing complaints of neck and low back with ancillary complaints of depression, irritability, crying spells, anxiety, and attendant sleep disturbance. The applicant was given diagnoses of multilevel cervical spondylosis, cervical degenerative disk disease, chronic low back, multilevel lumbar disk protrusions, morbid obesity, and internal derangement of the bilateral knees. MRI imaging of the cervical spine was sought to evaluate the anatomy of the applicant's neuroforaminal stenosis and/or intervertebral disk. A Toradol injection was endorsed while Xanax, Naprosyn, Cymbalta, Lidoderm, and Prilosec were prescribed. A four-modality interferential stimulator device was endorsed, along with a final functional capacity evaluation. The applicant was asked to continue previously imposed permanent limitations. It was not clearly stated whether the

applicant was or was not working with said limitations in place, although this did not appear to be the case. The attending provider stated that repeat electrodiagnostic testing was being performed to confirm radiculopathy. The attending provider did incidentally note that the applicant had co-morbid diabetes mellitus but did not elaborate further. The results of prior electrodiagnostic testing were not discussed

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat EMG/NCS of the Upper and Lower Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints Page(s): 261; 272; 182; 309.

Decision rationale: No, the request for repeat electrodiagnostic testing of the bilateral upper and bilateral lower extremities was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 11, page 261 does acknowledge that electrodiagnostic testing may be repeated later in the course of treatment in applicants in whom symptoms persist in whom earlier testing was negative, here, however, the results of earlier electrodiagnostic testing of upper and lower extremities was not clearly articulated or stated on the April 20, 2015 progress note in question. The MTUS Guideline in ACOEM Chapter 11, Table 11-7, page 272 also notes that the routine usage of EMG or NCV testing in the diagnostic evaluation of nerve entrapment is deemed "not recommended." Here, the fact that electrodiagnostic testing of bilateral upper and bilateral lower extremities were concurrently ordered on the same date strongly suggested that said electrodiagnostic testing was, in fact, being performed for routine evaluation purposes, without any clearly-formed intent of acting on the results of the same. While the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 182 does acknowledge that EMG testing is "recommended" to clarify a diagnosis of nerve root dysfunction in cases of suspected disk herniation preoperatively or before a planned epidural steroid injection, here, however, again, the attending provider did not state how (or if) the proposed EMG testing of the upper extremities would influence or alter the treatment plan. The attending provider made no mention of the applicant's actively considering or contemplating any kind of surgical intervention or epidural injection involving the cervical spine based on the outcome of the study in question. The applicant was also described as having ongoing complaints of low back pain radiating to the bilateral lower extremities, the treating provider reported on April 20, 2015, reportedly attributed to disk protrusion with associated neuroforaminal narrowing at the L4-L5 and L5-S1 levels. The MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 309 notes that EMG testing is deemed "not recommended" for applicants who carry a diagnosis of clinically-obvious radiculopathy, as was seemingly present here with the applicant's clinically-evident, radiographically-confirmed lumbar radiculopathy. Since multiple components of the request were not indicated, the request was not indicated. Therefore, the request was not medically necessary.

MRI of the Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

Decision rationale: Similarly, the proposed MRI imaging of the cervical spine was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 182 does recommend MRI or CT imaging to validate a diagnosis of nerve root compromise, based on clear history and physical exam findings, in preparation for an invasive procedure, here, however, there was no mention of the applicant's actively considering or contemplating any kind of invasive procedure involving the cervical spine based on the outcome of the study in question. It was not stated how the proposed cervical MRI would influence or alter the treatment plan. Therefore, the request was not medically necessary.

Referral for Final 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), Guidelines for performing an FCE.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21, Chronic Pain Treatment Guidelines Work conditioning, work hardening Page(s): 125.

Decision rationale: Similarly, the request for a final functional capacity evaluation was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 2, page 21 does suggest considering using a functional capacity evaluation when necessary to translate medical impairment into limitations or restrictions to determine work capability, here, however, it did not appear that the applicant was working as of the April 20, 2015 progress note at issue. The applicant did not appear to be working with restrictions in place, it was suggested (but not clearly stated) on that date. It was not clearly stated, in short, why a functional capacity evaluation was being sought in the clinical and/or vocational context present here. While page 125 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that a functional capacity evaluation can be employed as a precursor to admission into a work hardening program, here, however, there was no mention of the applicant's actively considering or contemplating enrollment in a work hardening or work-conditioning program. Therefore, the request was not medically necessary.