

<b>Case Number:</b>	CM15-0165198		
<b>Date Assigned:</b>	09/02/2015	<b>Date of Injury:</b>	11/23/2013
<b>Decision Date:</b>	10/13/2015	<b>UR Denial Date:</b>	07/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/24/2015

### 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: North Carolina  
 Certification(s)/Specialty: Family Practice

### 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 injured worker is a 28-year-old male who sustained a work related injury November 23, 2013. A lumbar MRI, performed March 17, 2015 (report present in the medical record) revealed a 3 mm central protrusion L5-S1, with partial annular tear which mildly effaces the ventral sac and budding S1 nerve roots, similar to previous exam; L4-5- 3mm disc bulge with mild facet hypertrophy which mildly narrows the right neural foramen, slightly smaller than previous exam. He was involved in a truck accident, with impact to the right front fender and complaints of low back pain. He was treated with medications, physical therapy, two epidural injections, and underwent x-rays. According to a primary treating physician's initial evaluation and report, dated July 20, 2015, the injured worker presented with complaints of continuous low back and tailbone pain, with pain radiating into the right lower extremity. The pain is associated with numbness, weakness, tingling and burning. He rated his pain 7-9 out of 10. Objective findings included; mild antalgic gait, mild limp; lumbar spine- flexion 40 degrees, 60 degrees, extension 10 degrees, 25 degrees, right and left lateral bending 20, 25 degrees; tenderness to palpation of the lumbar paravertebral muscles with spasm. Diagnoses are lumbar muscle spasm; lumbar radiculopathy; lumbar sprain, strain. Treatment plan included a urine toxicology test, medication, chiropractic therapy (authorized), and at issue, a request for authorization for EMG-NCV (electromyogram and nerve conduction velocity studies) bilateral lowers extremities and a Functional Capacity Evaluation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG/NCV Bilateral Lower Extremity: 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 Low Back Chapter.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

**Decision rationale:** Extremity EMG/NCV states: Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computer tomography [CT] for bony structures). Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. There are unequivocal objective findings of nerve compromise on the neurologic exam provided for review. However there is not mention of surgical consideration. There are no unclear neurologic findings on exam. For these reasons, criteria for lower extremity EMG/NCV have not been met as set forth in the ACOEM. Therefore the request is not medically necessary.

**Functional capacity evaluation: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: FCE.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) functional capacity evaluation.

**Decision rationale:** The California MTUS and the ACOEM do not specifically address functional capacity evaluations. Per the ODG, functional capacity evaluations (FCE) are recommended prior to admission to work hardening programs, with preference for assessments tailored to a specific job. Not recommended as a 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. Consider FCE: 1. Case management is hampered by complex issues such as: a. Prior unsuccessful RTW attempts. b. Conflicting medical reporting on precaution and/or fitness for modified job. c. Injuries that require detailed exploration of the worker's abilities. 2. Timing is appropriate. a. Close or at MMI/all key medical reports secured. b. Additional/secondary conditions clarified. There is no indication in the provided documentation of prior failed return to work attempts or conflicting medical reports or injuries that require detailed exploration of the worker's abilities. Therefore, criteria have not been met as set forth by the ODG and the request is not medically necessary.

