

<b>Case Number:</b>	CM15-0180804		
<b>Date Assigned:</b>	09/22/2015	<b>Date of Injury:</b>	02/25/2015
<b>Decision Date:</b>	11/12/2015	<b>UR Denial Date:</b>	09/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/14/2015

### 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: California

Certification(s)/Specialty: Emergency 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 injured worker is a 33 year old male, who sustained an industrial injury on 2-25-15. The injured worker was diagnosed as having lumbar spine radiculopathy. The physical exam on 8-5-15 revealed tenderness and spasms in the paravertebral muscles, crepitus in the right knee, a positive McMurray's sign on the right and tenderness over the right greater trochanter. Treatment to date has included a lumbar MRI on 2-27-14 and chiropractic and yoga treatments (number or sessions and dates of service not documented). As of the PR2 dated 9-2-15, the injured worker reports continued lower back pain and right-sided leg pain. Objective findings include spasms, tenderness and guarding in the paravertebral muscles of the lumbar spine, "decreased" range of motion and decreased sensation over the right L5 dermatome. The treating physician requested a muscle test, two limbs # 1 (EMG/NCV) bilateral lower extremities and a functional capacity evaluation. The Utilization Review dated 9-3-15, non-certified the request for a muscle test, two limbs # 1 (EMG/NCV) bilateral lower extremities and a functional capacity evaluation and certified the request for acupuncture x 6 sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Muscle test, two limbs # 1 (EMG/NCV) Bilateral Lower Extremities: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies, Summary, and Ankle and Foot Complaints 2004, Section(s): Special Studies, Summary.

**Decision rationale:** EMG (Electromyography) and NCV (Nerve Conduction Velocity) studies are 2 different studies that are testing for different pathology. As per ACOEM Guidelines, EMG may be useful in detecting nerve root dysfunction. There is known radiculopathy corroborated by MRI. Symptoms are unchanged. Patient has no interest in invasive intervention. It is unclear what additional information can be assessed. There is no evidence based rationale or any justification noted by the requesting provider. EMG is not medically necessary. As per ACOEM guidelines, Nerve Conduction Velocity studies are contraindicated in virtually all knee and leg pathology unless there signs of tarsal tunnel syndrome or any nerve entrapment neuropathies. There are no such problems documented. NCV is not medically necessary. Both tests are not medically necessary. NCV/EMG of bilateral lower extremity is not medically necessary.

#### **Functional Capacity Evaluation # 1: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine, 2nd Edition, Chapter 7 Independent Medical Evaluations and Consultations, page 132-139.

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): Prevention, Cornerstones of Disability Prevention and Management.

**Decision rationale:** As per ACOEM guidelines, determining limitations of work "is not really a medical issue" and that most assessing physicians should be able to determine limitations without additional complex testing modalities. In addition as per ACOEM Chapter 1 Prevention, pg 12, "there is no good evidence that functional capacity evaluations are correlated with a lower frequency of health complaints and injuries." While there may be occasional need for FCE, the treating physician has not documented why any work limitation assessment could not be done without a full FCE. The request for FCE is not medically necessary.