

Case Number:	CM15-0183764		
Date Assigned:	09/24/2015	Date of Injury:	12/26/2011
Decision Date:	10/29/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	09/18/2015

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: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 52 year old female, who sustained an industrial injury on 12-26-2011. The injured worker was diagnosed as having acute or chronic neck pain, status post cervical spine anterior A-lift procedure-decompression and fusion, radiculitis-resolving and rule out carpal tunnel syndrome bilaterally upper extremities, and depression. On medical records dated 07-29-2015, subjective complaints were noted as having acute or chronic pain with spasms in neck, difficulty lifting, and continuing to improve status post cervical spine decompression and fusion. Mild diminished sensation to the C6-C7 nerve root distribution but was noted to be improved. Objective findings were noted as cervical spine with well healed scars and a limited range of motion with pain on right and left rotation, positive tenderness over the paracervical musculature, and positive muscle spasms in the paracervical musculature. A diminished sensation over the dorsal aspect of the C6-C7 dermatome distribution bilaterally. Left and right wrists were noted for positive Tinel's, Phalen's tests and median nerve compression tests were noted. The injured worker was noted to be working 4 days a week on full duty. Treatment to date included surgical intervention and medication. The Utilization Review (UR) was dated 08-18-2015. A request for Cyclobenzaprine, (retrospective DOS 07-29-2015) Cyclobenzaprine 7.5mg, EMG (electromyography) unspecified body part, NCV (nerve conduction velocity) and Functional Capacity Assessment was submitted. The UR submitted for this medical review indicated that the request for EMG (electromyography) unspecified body part; NCV (nerve conduction velocity) and Functional Capacity Assessment were non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG (electromyography), unspecified body part, Qty 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

Decision rationale: The patient has established diagnosis of cervical radiculopathy s/p extensive conservative care along with surgical intervention of cervical fusion performed. Additionally, current submitted reports have not adequately demonstrated any changed clinical findings of neurological deficits with progression in ADL limitations for unspecified EMG. There are also no identified new injuries, acute flare-up or red-flag conditions with changed chronic symptoms and clinical findings to support repeating the electrodiagnostic study. The EMG (electromyography), unspecified body part, Qty 1 is not medically necessary and appropriate.

NCV (nerve conduction velocity), unspecified body part, Qty 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

Decision rationale: The patient has established diagnosis of cervical radiculopathy s/p extensive conservative care along with surgical intervention of cervical fusion performed. Additionally, current submitted reports have not adequately demonstrated any changed clinical findings of neurological deficits with progression in ADL limitations for unspecified NCV. There are also no identified new injuries, acute flare-up or red-flag conditions with changed chronic symptoms and clinical findings to support repeating the electrodiagnostic study. The NCV (nerve conduction velocity), unspecified body part, Qty 1 is not medically necessary and appropriate.

Functional Capacity Assessment, Qty 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Work Hardening Program; Functional Capacity Evaluation (FCE).

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation, Prevention, Initial Approaches to Treatment, Cornerstones of Disability Prevention and Management.

Decision rationale: Though functional capacity evaluations (FCEs) are widely used and promoted, it is important for physicians and others to understand the limitations and pitfalls of these evaluations. Functional capacity evaluations may establish physical abilities, and also facilitate the examinee/employer relationship for return to work. However, FCEs can be deliberately simplified evaluations based on multiple assumptions and subjective factors, which are not always apparent to their requesting physician. There is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace; an FCE reflects what an individual can do on a single day, at a particular time, under controlled circumstances, that provide an indication of that individual's abilities. As with any behavior, an individual's performance on an FCE is probably influenced by multiple nonmedical factors other than physical impairments. For these reasons, it is problematic to rely solely upon the FCE results for determination of current work capability and restrictions. It is the employer's responsibility to identify and determine whether reasonable accommodations are possible to allow the examinee to perform the essential job activities. The patient has received a significant amount of conservative treatments without sustained long-term benefit. The patient continues to treat for ongoing significant symptoms with further plan for care without any work status changed. It appears the patient has not reached maximal medical improvement and continues to treat for chronic pain symptoms. Current review of the submitted medical reports has not adequately demonstrated the indication to support for the request for Functional Capacity Evaluation as the patient continues to actively treat. Per the ACOEM Treatment Guidelines on the Chapter for Independent Medical Examinations and Consultations regarding Functional Capacity Evaluation, there is little scientific evidence confirming FCEs ability to predict an individual's actual work capacity as behaviors and performances are influenced by multiple nonmedical factors which would not determine the true indicators of the individual's capability or restrictions. The Functional Capacity Assessment, Qty 1 is not medically necessary and appropriate.