Case Number:	CM15-0199018		
Date Assigned:	10/14/2015	**Date of Injury:**	08/04/2010
Decision Date:	12/22/2015	**UR Denial Date:**	09/09/2015
Priority:	Standard	**Application Received:**	10/09/2015

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: Tennessee, Florida, Ohio
Certification(s)/Specialty: Surgery, Surgical Critical Care

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 54 year old male, who sustained an industrial injury on 8-4-10. He reported pain in the neck, right elbow, right wrist, and low back. The injured worker was diagnosed as having cervicalgia, cervical radiculitis or radiculitis, cervical spine fusion, pain in joint of upper arm and right elbow, lumbar radiculitis or neuritis, status post lumbar spine surgery, lumbar spine fusion, and depressive disorder. Treatment to date has included physical therapy, right elbow surgery, right wrist surgery, injections to the neck and low back, low back surgery in 2013, and medication including Norco and Gabapentin. On 7-23-15, the treating physician noted, "an electromyogram and nerve conduction studies of the right elbow and right wrist was performed in 2010. The results showed nerve damage to the elbow and carpal tunnel to the wrist." On 7-2-15, the treating physician noted, "an electromyography or nerve conduction study is consistent with C6-7 and T1 radiculopathy bilaterally." Physical examination findings on 7-23-15 included decreased range of motion in the cervical spine, right elbow, right wrist, and lumbosacral spine. On 7-23-15, the injured worker complained of neck pain with radiation to bilateral shoulders, right elbow pain, right wrist and hand pain, and low back pain with radiation to the bilateral lower extremities. On 7-23-15, the treating physician requested authorization for a computed tomography scan of the lumbar spine, electromyography or nerve conduction studies for the upper extremities, electromyography or nerve conduction studies for the lower extremities, and a functional capacity evaluation initial for the cervical spine. On 9-9-15, the requests were non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT scan lumbar: 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), Indications for imaging.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, CT scans.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this request for this patient. Regarding CT scans of the lumbar spine, ODG guidelines, low back chapter state: "Not recommended except for indications below for CT. Magnetic resonance imaging has largely replaced computed tomography scanning in the noninvasive evaluation of patients with painful myelopathy because of superior soft tissue resolution and multiplanar capability." Indications for imaging: Thoracic spine trauma: equivocal or positive plain films, no neurological deficit. Thoracic spine trauma: with neurological deficit Lumbar spine trauma: trauma, neurological deficit. Lumbar spine trauma: seat belt chance fracture. Myelopathy neurological deficit related to the spinal cord, traumatic Myelopathy, infectious disease patient. Evaluate pars defect not identified on plain x-rays. Evaluate successful fusion if plain x-rays do not confirm fusion. The provided medical documentation states that CT is being requested for radicular symptomatology. CT is not the preferred imaging study for radicular pain. There is no other clear indication of why this study has been ordered. Therefore, based on the submitted medical documentation, the request for lumbar CT scan is not medically necessary.

Electromyography (EMG)/nerve conduction velocity (NCV) upper extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain Chapter; ODG, Low Back (updated 04/29/15).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, EMG/NCS.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of bilateral upper and lower nerve conduction testing for this patient. The California MTUS guidelines and the ACOEM Guidelines do not address the topic of nerve conduction studies. The Occupational Disability Guidelines (ODG) states that NCV for the lower extremities and back are "not recommended" with EMG suggested as a more appropriate study. In the upper extremity, ODG states that Nerve Conduction Studies are: "Recommended as an option after closed fractures of distal radius & ulna if necessary to assess nerve injury. Also

recommended for diagnosis and prognosis of traumatic nerve lesions or other nerve trauma." This patient has clinical symptoms of cervical radiculitis with back and shoulder pain. Prior NCV and EMG studies demonstrate nerve conduction delays. It is unclear why these studies need to be repeated. There is no documentation that this patient has had new or quantifiably worsening symptomatology to justify repeat studies. Therefore, based on the submitted medical documentation, the request for upper extremity bilateral nerve conduction studies and EMG is not medically necessary.

EMG/NCV lower extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain Chapter; ODG, Low Back (updated 04/29/15).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, EMG/NCS.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of bilateral upper and lower nerve conduction testing for this patient. The California MTUS guidelines and the ACOEM Guidelines do not address the topic of nerve conduction studies. The Occupational Disability Guidelines (ODG) states that NCV for the lower extremities and back are "not recommended" with EMG suggested as a more appropriate study. In the upper extremity, ODG states that Nerve Conduction Studies are: "Recommended as an option after closed fractures of distal radius & ulna if necessary to assess nerve injury. Also recommended for diagnosis and prognosis of traumatic nerve lesions or other nerve trauma." This patient has clinical symptoms of cervical radiculitis with back and shoulder pain. This patient has already received bilateral NCV and EMG testing. It is unclear why these studies need to be repeated. There is no documentation that this patient has had new or quantifiably worsening symptomatology to justify repeat studies. Furthermore, per ODG, NCV is not indicated for the bilateral lower extremities based on this patient's known and established diagnosis. Therefore, based on the submitted medical documentation, the request for lower extremity bilateral nerve conduction studies and EMG is not medically necessary.

Functional capacity evaluation (FCE) initial cervical: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Chronic pain programs (functional restoration programs). Decision based on Non-MTUS Citation ODG, Fitness for Duty Chapter.

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

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this request for this patient. It appears the patient has not reached maximal medical improvement and continues to exhibit chronic pain symptoms s/p conservative care of

therapy,medications, chiropractic treatment, surgery, and modified activities/rest. 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 be actively treated and evaluated. 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 Qualified Functional Capacity Evaluation is not medically necessary and appropriate.