

Case Number:	CM15-0029459		
Date Assigned:	02/23/2015	Date of Injury:	01/07/2015
Decision Date:	04/08/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	02/17/2015

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:

The injured worker is a 54-year-old male, who sustained an industrial injury on 7/10/2001. The diagnoses have included degenerative spondylosis of the lumbar spine and lumbago. Treatment to date has included acupuncture, lumbar epidural steroid injections (ESI), radiofrequency ablation and medication. According to the Primary Treating Physician's Progress Report dated 1/22/2015, the injured worker rated his pain at 7.5/10 at the time of the visit. Sleep was interrupted about twice a night due to pain. Objective findings revealed a slight limp with ambulation with moderate pain over the lower back. Treatment plan was to continue the current medication. Authorization was requested for medications. On 1/31/2015, Utilization Review (UR) non-certified a request for Oxycodone HCL 15mg #90, Oxycodone HCL ER #90 and Amrix 15mg #30. The Medical Treatment Utilization Schedule (MTUS) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Capacity Evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, 2nd edition, Chapter & independent medical examinations and consultations, page 132-139.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Functional Capacity Evaluation: ACOEM guidelines, Chapter 7, p137-139.

Decision rationale: According to the 08/08/2015 report, this patient complaint of occasional moderate 5/10 throbbing headache, constant moderate 6/10 achy neck/midback/low back pain, constant moderate 5-6/10 burning pain of the bilateral shoulder, and constant moderate 6/10 stabbing, throbbing left knee pain. The current request is for Functional Capacity Evaluation. The request for authorization is on 01/08/2015. The patient's work status is "remain off work until 02/20/2015." Regarding Functional/Capacity Evaluation, ACOEM Guidelines page 137 states, "The examiner is responsible for determining whether the impairment results in functional limitations... The employer or claim administrator may request functional ability evaluations... These assessments also may be ordered by the treating or evaluating physician, if the physician feels the information from such testing is crucial... There is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace." The medical reports provided for review indicate that the patient had a Functional Capacity Evaluation on 09/03/2014 performed by [REDACTED]. In this case, the treating physician does not explain why another FCE is needed and why is it crucial to repeat the evaluation. The evaluation is not requested by the employer or the claims administrator. The FCE does not predict the patient's actual capacity to perform in the workplace. The request IS NOT medically necessary.

EMG/NCV of bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Nerve conduction studies (NCS).

MAXIMUS 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, Electrodiagnostic Studies.

Decision rationale: According to the 08/08/2015 report, this patient complaint of occasional moderate 5/10 throbbing headache, constant moderate 6/10 achy neck/midback/low back pain, constant moderate 5-6/10 burning pain of the bilateral shoulder, and constant moderate 6/10 stabbing, throbbing left knee pain. The current request is for EMG/NCV of Bilateral Lower Extremities. The Utilization Review denial letter states "there is no documentation provided describing referred lower extremity pain following a specific dermatome pattern corresponding to a spinal nerve root level. There is no documentation of peripheral nerve impingement other than reports that the EMG/NCV study was done on 1/8/15 reviewing mild bilateral carpal tunnel syndrome." The ACOEM Guidelines page 303 allows for EMG studies with H-reflex test to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3-4 weeks. ODG guidelines have the following regarding EMG studies, "EMGs (electromyography) may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious." According to the records made available for review does not shows any evidence of

EMG being done in the past. In this case, the treating physician does not provide any examination findings to indicate that the patient has any signs of lower extremity radiculopathy. There is no clinical information to indicate that the patient may have any kind of neuropathy that would require testing for confirmation. The request for EMG/NCS of the bilateral lower extremities IS NOT medically necessary.