

<b>Case Number:</b>	CM14-0116333		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	12/14/2013
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	06/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/24/2014

### 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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of December 14, 2013. In a Utilization Review Report dated July 19, 2014, the claims administrator retrospectively denied electrodiagnostic testing and a functional capacity evaluation apparently performed on April 1, 2014. Non-MTUS ODG Guidelines were invoked to deny the functional capacity evaluation, despite the fact that the MTUS addresses the topic. The applicant's attorney subsequently appealed. In a June 3, 2014, progress note, the applicant reported persistent complaints of low back pain radiating into the lower extremities. The applicant was placed off of work, on total temporary disability. A TENS unit and a spine surgery consultation were endorsed, along with prescriptions for Motrin and Prilosec. On April 29, 2014, the applicant was again placed off of work, on total temporary disability, owing to increasing complaints of low back pain. Electrodiagnostic testing of the bilateral lower extremities was performed on April 1, 2014 and notable for chronic motor radiculopathy in multiple myotomes. In an April 1, 2014 progress note, the applicant reported 5/10 low back pain radiating into the bilateral lower extremities. The applicant was on Motrin for pain relief. The applicant was not working, it was acknowledged. Laboratory testing for diabetes, Motrin, and electrodiagnostic testing were sought. The attending provider stated that the applicant reportedly had a more severe radiculopathy than was suggested on MRI imaging of January 20, 2014, which had demonstrated disk herniation at L4-L5 with associated significant lateral recess stenosis. The applicant was placed off of work, on total temporary disability. On April 1, 2014, the applicant apparently underwent a functional capacity evaluation, the results of which were not clearly reported. The attending provider suggested that the applicant might have diffuse spinal stenosis and/or neuropathy in addition to a lumbar radiculopathy evident.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Electromyogram (EMG) and Nerve Conduction Studies(NCV): Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints,Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guideline (ODG) Treatment Workers Compensation (TWC) Low Back

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): , page 309.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, Table 12-8, page 308, EMG testing is "recommended" to clarify a diagnosis of suspected nerve root dysfunction. In this case, the attending provider posited that earlier lumbar MRI imaging was equivocal and failed to establish compelling evidence of radiculopathy. Electrodiagnostic testing, including the EMG-NCV at issue, was therefore indicated to delineate the extent of the same. Therefore, the request is medically necessary.

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

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guideline (ODG) Treatment Workers Compensation (TWC) Fitness for duty

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): page 21..

**Decision rationale:** While the MTUS Guideline in ACOEM Chapter 2, page 21 does suggest considering a functional capacity evaluation when necessary to translate medical impairment into functional limitations, in this case, however, the applicant is off of work, on total temporary disability. It does not appear that the applicant has a job to return to. The results of the FCE at issue were not clearly discussed or detailed. The FCE results were not discussed in a meaningful fashion. It did not appear that the FCE testing impacted the treatment plan or the applicant's work status in any way. Therefore, the request is not medically necessary.