

<b>Case Number:</b>	CM14-0132213		
<b>Date Assigned:</b>	08/22/2014	<b>Date of Injury:</b>	09/08/1996
<b>Decision Date:</b>	10/07/2014	<b>UR Denial Date:</b>	07/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2014

### 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 Physical Medicine and Rehabilitation 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 injured worker is a 59-year-old female who reported an injury on 09/08/1996. The mechanism of injury was not provided for clinical review. The diagnoses included lumbar thoracic, opioid type dependence, and postlaminectomy syndrome. Diagnostic testing included an MRI of the cervical spine dated 04/28/1997. Within the clinical note dated 06/23/2014 it was reported the injured worker complained of chronic pain in her cervical and lumbar spine. The injured worker had undergone a lumbar spine surgery with intact hardware. Upon the physical examination, the provider noted the injured worker ambulated with a walker. The provider indicated the injured worker had spasms and tenderness in the paravertebral muscles of the cervical and lumbar spine with decreased range of motion and flexion and extension. The provider noted the injured worker had decreased sensation with pain in the L5, S1, and C6-C7 dermatomal distribution bilaterally. The provider requested a CT scan of the cervical and lumbar spine to identify current physiological insults and define anatomic defects, electrodiagnostic studies of the upper and lower extremities to rule out peripheral nerve entrapment disorder, a functional capacity evaluation, and a wheelchair. The Request for Authorization was submitted and dated on 07/08/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Functional capacity evaluation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guideline, Fitness for Duty

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 77-89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty, Functional Capacity Evaluation.

**Decision rationale:** The request for 1 Functional capacity evaluation is not medically necessary. The California MTUS/ACOEM Guidelines state it may be necessary to obtain a more precise delineation of patient capabilities than is available from routine and physical examination, under circumstances this can be best done by ordering a functional capacity evaluation of the injured worker. In addition, the Official Disability Guidelines recommend a functional capacity evaluation may be used prior to admission to a work hardening program with preferences for assessment tailored to a specific task or job. The functional capacity evaluation is not recommended as routine use, as part of occupational rehab or screening or generic assessment in which the question is whether someone can do any type of job generally. There is lack of documentation indicating how the functional capacity evaluation will aid the provider in the injured worker's treatment plan and goal. There is lack of documentation upon the physical examination indicating the injured worker had undergone previous treatments and the measurements of the progress with the prior treatments. The provider failed to document a work hardening program would also be recommended. There is lack of significant neurological deficits documented in the physical examination. Therefore, the request is not medically necessary.

#### **1 EMG of bilateral lower extremities: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guideline, Neck & Upper Back (Acute & Chronic)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

**Decision rationale:** The request for 1 EMG of bilateral lower extremities is not medically necessary. The California MTUS Guidelines note an electromyograph, including H reflex test, may be useful to identify subtle, focal neurological dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks. The guidelines recommend the documentation of failure of conservative treatment to alleviate symptoms. There is lack of documentation indicating the injured worker had tried and failed on conservative treatment. The provider failed to document a significant neurological deficit such as decreased sensation of motor strength of the upper extremities. Therefore, the request is not medically necessary.

#### **1 EMG of bilateral upper extremities: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178. Decision based on Non-MTUS Citation Official Disability Guideline, Neck & Upper Back (Acute & Chronic)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

**Decision rationale:** The request for 1 EMG of bilateral upper extremities is not medically necessary. The California MTUS/ACOEM Guidelines recommend an electromyograph in cases of peripheral nerve impingement. If no impingement or worsening has occurred within 4 to 6 weeks, electrical studies may be indicated. The guidelines also recommend documentation of 4 to 6 week period of conservative care and observation. There is lack of documentation indicating the injured worker had tried and failed on at least 4 to 6 weeks of conservative therapy. The provider failed to document an adequate physical examination demonstrating muscle weakness and numbness that would indicate peripheral nerve impingement of the upper extremities. Therefore, the request is not medically necessary.

### **1 CT scan of the lumbar spine: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guideline, Low Back-Lumbar & Thoracic (Acute & Chronic)

**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 (computed tomography).

**Decision rationale:** The request for 1 CT scan of the lumbar spine is not medically necessary. The Official Disability Guidelines recommend CT (computed tomography) scans. Guidelines note magnetic resonance imaging has largely replaced computed tomography scanning in the noninvasive evaluation of patients with painful neuropathy because of superior soft tissue resolution and multiplanar capability. The guidelines note indications for imaging include neurological deficits of the lumbar spine, a fracture of the lumbar spine, or a suspected fracture of the lumbar spine. Guidelines note myelopathy, including neurological deficits related to a spinal cord including trauma. There is lack of clinical documentation indicating the injured worker was suspected to have a fracture. Usually the guidelines do not recommend the use of a CT scan over an MRI. Therefore, the request is not medically necessary.

### **1 CT scan of the cervical spine: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guideline, Low Back-Lumbar & Thoracic (Acute & Chronic)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back, Computed tomography.

**Decision rationale:** The request for 1 CT scan of the cervical spine is not medically necessary. The Official Disability Guidelines note that CT tomography scans are not recommended. Patients who are alert, never have lost consciousness, are not under the influence of alcohol and/or drugs, have no distracting injuries, have no cervical tenderness, and have no neurological findings do not need imaging. Patients who do not fall into this category should have a 3 view cervical radiographic series followed by a CT. The guidelines for imaging indications of a CT include suspected cervical spine trauma, alert, cervical tenderness, paresthesia in hands and feet, suspected cervical spine unconsciousness, cervical spine impaired sensorium, and unequivocal or positive exam findings of the cervical spine on plain films, with no neurological deficits. Therefore, the request is not medically necessary.

**1 Electric wheel chair:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guideline, Knee & Leg (Acute & Chronic)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee, Durable Medical Equipment.

**Decision rationale:** The request for 1 Electric wheel chair is not medically necessary. Disability Guidelines note manual wheelchairs are recommended if the patient requires and will use the wheelchair to move around in their residence, and it is prescribed by a physician. Reclining back option is recommended if the patient has trunk, cast, or brace, excessive extensor tone of trunk muscles, or the need to rest in a recumbent position 2 or more times during the day. Elevating leg rest options are recommended in patients with a cast. A lightweight wheelchair is recommended if a patient cannot adequately self propel without being pushed in a standard weight manual wheelchair, and the patient would prefer to self propel in a lightweight wheelchair. Clinical documentation did not indicate the injured worker to have upper extremity or lower extremity neurological deficits interfere with the injured worker's inability to utilize a cane or walker. The provider indicated the injured worker was able to ambulate with a walker. Therefore, the request is not medically necessary.

**1 NCV of bilateral lower extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guideline, Low Back-Lumbar & Thoracic (Acute & Chronic)

**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, Nerve Conduction Study.

**Decision rationale:** The request for 1 NCV of bilateral lower extremities is not medically necessary. The Official Disability Guidelines do not recommend a nerve conduction study as there is minimal justification for performing nerve conductions when the patient is presumed to have symptoms on the basis of radiculopathy. The guidelines recommend the failure of conservative treatment for at least 3 to 4 weeks. There is lack of documentation indicating the injured worker had failed on conservative treatment for 3 to 4 weeks. Clinical documentation indicated the injured worker had the symptoms of radiculopathy present on the physical examination. Therefore, the request is not medically necessary.

**1 NCV of bilateral upper extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178. Decision based on Non-MTUS Citation Official Disability Guideline, Neck & Upper back (Acute & Chronic)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Upper Back, Nerve Conduction Study.

**Decision rationale:** The request for 1 NCV of bilateral upper extremities is not medically necessary. The California MTUS/ACOEM Guidelines note nerve conduction velocities, including H reflex, may be helpful to identify subtle, focal neurological dysfunction in patients with neck or arm symptoms, or both, lasting more than 3 to 4 weeks. In addition, the Official Disability Guidelines do not recommend a nerve conduction study to demonstrate radiculopathy if radiculopathy has already been clearly identified by an EMG and obvious clinical signs, but recommended if an EMG is not clearly negative, or to differentiate radiculopathy from other neuropathies or non-neuropathic process if other diagnoses may be likely on the clinical examination. There is minimal justification for performing nerve conduction velocity studies when the patient is already presumed to have symptoms of radiculopathy. There is lack of documentation indicating the injured worker had tried and failed on at least 3 to 4 weeks of conservative treatment. In addition, the clinical documentation submitted indicated the injured worker had signs of cervical radiculopathy. Therefore, the request is not medically necessary.