

Case Number:	CM15-0008525		
Date Assigned:	01/26/2015	Date of Injury:	06/08/2012
Decision Date:	03/18/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	01/15/2015

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: Texas, Ohio, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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] beneficiary who has filed a claim for chronic low back pain reportedly associated with an industrial injury of June 8, 2012. In a Utilization Review Report dated January 9, 2015, the claims administrator denied request for functional capacity evaluation and electrodiagnostic testing of the bilateral lower extremities. The claims administrator referenced progress notes of September 3, 2014, October 8, 2014, November 3, 2014, and December 10, 2014 in its determination. The applicant's attorney subsequently appealed. In a handwritten note dated October 8, 2014, difficult to follow, not entirely legible, the applicant was given a rather proscriptive 15-pound lifting limitation. Work restrictions were endorsed, although it was not clearly stated whether the applicant was or was not working with said limitations in place. NIOS functional capacity testing, urine drug testing, and orthopedic consultation, a pain management consultation, and several topical compounds were endorsed. Multifocal complaints of low back and left knee pain were evident. Large portions of the progress note were extremely difficult to follow. In an earlier note dated September 12, 2014, the applicant was apparently given Ambien for insomnia. Multiple focal pain complaints were evident. It was suggested (but not clearly stated) the applicant was working with restrictions in place, despite ongoing pain complaints and despite ongoing psychological stressors. The applicant was using naproxen, Prilosec, and cyclobenzaprine. Electro diagnostic testing of left lower extremity was performed on January 6, 2015 and was interpreted as negative. The applicant reported complaints of low back pain radiating into left leg on that date, it was stated.

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 Official Disability Guidelines (ODG)

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

Decision rationale: No, the proposed functional capacity evaluation is not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 2, page 21 does acknowledge that functional capacity evaluation can be considered when necessary to translate medical impairment into limitations and restrictions and to determine work capability, in this case, however, the applicant has already returned to work, albeit with restrictions in place. It is not clear why functional capacity testing is being sought in the clinical and vocational context present here. The request was initiated through usage of preprinted checkboxes, with little-to-no narrative commentary so as to augment the request at hand. Therefore, the request was not medically necessary.

Electrodiagnostic studies of the bilateral lower extremities: 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)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints, Chapter 14 Ankle and Foot Complaints Page(s): Table 12-8, page 309; Table 14-6, page 377; Table 11-7, page 272.

Decision rationale: Similarly, the request for electro diagnostic studies of the bilateral lower extremities was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 309 does acknowledge that EMG testing may be employed to clarify diagnosis of nerve root compromise, this recommendation is, however, qualified by commentary made in ACOEM Chapter 11, Table 11-7, page 272, which notes that the routine usage of NCV or EMG testing in applicants without symptoms is deemed not recommended. Here, the electro diagnostician acknowledged on January 6, 2015 that the applicant's symptoms were confined to the left lower extremity. There was no mention of right lower extremity neuropathic or radicular symptoms which would have compelled electro diagnostic testing of the bilateral lower extremities. Similarly, the MTUS Guideline in ACOEM Chapter 14, Table 14-6, page 377 notes that electrical studies are deemed not recommended for applicants with foot and/or ankle pain complaints without evidence of an entrapment neuropathy or compressive neuropathy. Here, the applicant's presentation was not evocative or suggestive of a compressive neuropathy, tarsal tunnel syndrome, or generalized peripheral neuropathy. There was no mention of the applicant's carrying diagnoses of diabetes,

hypothyroidism, and/or alcoholism which would predispose the applicant toward development of a generalized peripheral neuropathy. Thus, the nerve conduction component of the request cannot be supported, given the applicant's lack of risk factor for development of a lower extremity neuropathy. Similarly, the electro diagnostic studies of the right lower extremity cannot be supported on the grounds that the applicant's symptoms were confined to the left lower extremity. Since multiple components of the request cannot be supported, the request was not medically necessary.