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| Case Number: | CM15-0110945 | | |
| Date Assigned: | 06/17/2015 | Date of Injury: | 09/19/2013 |
| Decision Date: | 07/21/2015 | UR Denial Date: | 05/12/2015 |
| Priority: | Standard | Application Received: | 06/09/2015 |

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management, 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 injured worker is a 38-year-old female, with a reported date of injury of 09/19/2013. The diagnoses include neck pain, sciatica, lumbar radiculitis/neuritis, sacrum sprain/strain, and unspecified anxiety. Treatments to date have included oral medication, acupuncture therapy, and electrodiagnostic studies on 10/16/2014. The initial evaluation report dated 04/29/2015 indicates that the injured worker was no longer employed. She complained of neck stiffness with radiation to the left shoulder; left shoulder pain, rated 3 out of 10; and continuous low back pain with radiation to the left leg and foot. The low back pain was rated 8 out of 10 and was accompanied with numbness, weakness, tingling, and burning sensation. The physical examination showed positive cervical distraction test; pain with cervical compression bilaterally; excellent left shoulder range of motion; negative left shoulder impingement sign; some soreness and tenderness of the left shoulder; significant discomfort of the lumbosacral spine; significant pain in the lumbosacral spine with prolonged standing; no tenderness to palpation of the lumbar spine; positive straight leg raise test; and decreased lumbar range of motion. It was noted that the injured worker had a history of therapy including acupuncture therapy for the lumbar spine and neck, with very little results. She was frustrated with the ongoing symptoms; therefore, the treating physician recommended a pain management evaluation. It was noted that the injured worker was not permanent and stationary and had not reached maximum medical improvement, and she needed further treatment. The treating physician requested an EMG/NCV (electromyography/nerve conduction velocity) of the lower extremities for further evaluation and

an initial functional capacity evaluation for the cervical and lumbar spines due to severe lumbar spine pain with radiculopathy symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV of the 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), low back-lumbar and thoracic (acute and chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Electrodiagnostic Studies.

Decision rationale: ODG states that electrodiagnostic studies can be used to confirm nerve damage which correlates with symptoms. The requesting report does not provide specific evidence of nerve damage or physical exam findings. This request for electrodiagnostic studies is not medically necessary. There are no correlative physical exam findings.

Initial functional capacity evaluation for cervical and 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 Guidelines (ODG), fitness for duty FCE.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Functional Capacity Evaluation.

Decision rationale: ODG states that functional capacity evaluations can assist with matching the demands of a specific job with an individual. In this case, there is no specific job with which to match the patient's functional abilities. Furthermore, vocational limitations are pain based and therefore asking the patient which activities hurt should be sufficient to match demands with the patient's perceived abilities.