

Case Number:	CM15-0075923		
Date Assigned:	04/27/2015	Date of Injury:	09/03/2014
Decision Date:	06/01/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	04/21/2015

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: Internal 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 58 year old female, who sustained an industrial injury on 9/3/14. She reported initial complaints of back and right side of body. The injured worker was diagnosed as having head pain; cervical musculoligamentous strain/sprain with radiculitis; thoracic musculoligamentous strain/sprain; lumbosacral musculoligamentous strain/sprain with radiculitis; right shoulder strain/sprain; right shoulder tendinosis; right shoulder adhesive capsulitis; bilateral elbow strain/sprain; right hip strain/sprain. Treatment to date has included chiropractic therapy; physical therapy; Functional Capacity Evaluation (2/9/15). Diagnostics included EMG/NCV bilateral lower extremities (3/2/15). Currently, the PR-2 notes dated 2/5/15 indicate the injured worker complains of headaches, as well as pain in the neck, mid and upper back, lower back, and right hip and thigh. The injured worker's headaches, back, right shoulder and arm, bilateral elbows, forearms and right hip and thigh were rated at 8/10, which has increased since last visit. The right shoulder and arm, bilateral elbows and forearms has decreased since last visit to 6/10. The physical examination of the cervical spine reveals grade 3-4 tenderness to palpation over the paraspinal muscles with cervical compression test as positive and trigger points were positive. The thoracic and lumbar spine reveals tenderness palpable over the paraspinal muscles with trigger point's present and restricted range of motion. The right arm examination reveals grade 3-4 tenderness to palpation and remained the same. Bilateral elbows, bilateral forearms, right hip and right thigh tenderness to palpation all decreased since last visit. The provider documents the treatment helps and physical therapy has decreased pain and tenderness as well as improved her activities of daily living and function. The injured worker

does complain of severe cervical spine pain with bilateral trapezius spasms. The provider's treatment plan includes continued physical therapy; Mobic 7.5mg 1 tablet PRN #60, a referral for extracorporeal shockwave therapy. The request is for an X-ray of right hip, EMG/NCV of bilateral lower extremities and FCE (functional capacity evaluation).

IMR ISSUES, DECISIONS AND RATIONALES

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

X-ray of right hip: 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) Hip and Pelvis (updated 10/09/14).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine 3rd Edition (2011) Hip and groin disorders
<http://www.guideline.gov/content.aspx?id=38357>.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) does not address hip X-ray. American College of Occupational and Environmental Medicine 3rd Edition (2011) indicates that roentgenograms X-rays for evaluating acute, subacute or chronic hip pain is recommended. The medical-legal physical performance FCE report dated 2/9/15 documented normal range of motion of bilateral hips. Bilateral hips demonstrated flexion 100, extension 30, abduction 40, adduction 20, external rotation 50, and internal rotation 40 degrees. The primary treating physician's progress report dated 3/12/15 documented subjective complaints of right hip pain. Diagnosis was right hip strain / sprain. Physical examination of the right hip demonstrated restricted range of motion. There is grade 2 tenderness to palpation, which has decreased from grade 3 on the last visit. No history of hip trauma or injury was documented. No rationale was given for the right hip X-ray request. There was no mention of a hip X-ray request in the 3/12/15 progress report. The 3/12/15 progress report does not establish the medical necessity of a right hip X-ray. Therefore, the request for X-ray of right hip is not medically necessary.

EMG/NCV of bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305, 308-309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Lumbar & Thoracic (Acute & Chronic) Nerve conduction studies (NCS). ACOEM 3rd Edition (2011) <http://www.guideline.gov/content.aspx?id=38438> Work Loss Data Institute - Low back (2013) <http://www.guideline.gov/content.aspx?id=47586>.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses electromyography (EMG). American College of Occupational and Environmental Medicine

(ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints state that EMG for clinically obvious radiculopathy is not recommended. EMG is recommended to clarify nerve root dysfunction. ACOEM 3rd Edition states that electrodiagnostic studies, which include needle EMG, are recommended where a CT or MRI is equivocal and there are ongoing pain complaints that raise questions about whether there may be a neurological compromise that may be identifiable (i.e., leg symptoms consistent with radiculopathy, spinal stenosis, peripheral neuropathy, etc.). Electrodiagnostic studies for patients with acute, subacute, or chronic back pain who do not have significant leg pain or numbness are not recommended. Official Disability Guidelines (ODG) Low Back, Lumbar & Thoracic (Acute & Chronic) states that nerve conduction studies (NCS) are not recommended. Work Loss Data Institute guidelines for the low back states that nerve conduction studies (NCS) are not recommended. The primary treating physician's progress report dated 3/12/15 documented the diagnoses of lumbosacral strain and sprain with radiculitis. Straight leg test was positive bilaterally. No neurologic deficits of the lower extremities were documented on physical examination. Per ACOEM, EMG for clinically obvious radiculopathy is not recommended. Official Disability Guidelines (ODG) indicate that nerve conduction studies (NCS) are not recommended. The request for electromyography (EMG) and nerve conduction velocity (NCV) is not supported by MTUS, ACOEM, ODG, or Work Loss Data Institute guidelines. Therefore, the request for EMG / NCV is not medically necessary.

FCE (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 chapter 7 Independent Medical Examinations and Consultations, page 132-139.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 12. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 7 Independent Medical Examinations and Consultations Pages 137-138.

Decision rationale: Medical treatment utilization schedule (MTUS) addresses functional capacity evaluation (FCE). American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 1 Prevention (Page 12) states that there is not good evidence that functional capacity evaluations are correlated with a lower frequency of health complaints or injuries. ACOEM Chapter 7 Independent Medical Examinations and Consultations (Pages 137-138) states that there is little scientific evidence confirming that functional capacity evaluations predict an individual's actual capacity to perform in the workplace. The primary treating physician's progress report dated 3/12/15 does not discuss the request for a functional capacity evaluation. MTUS and ACOEM guidelines do not support the medical necessity of a functional capacity evaluation (FCE). Therefore, the request for functional capacity evaluation (FCE) is not medically necessary.