

Case Number:	CM15-0095288		
Date Assigned:	05/21/2015	Date of Injury:	06/30/2013
Decision Date:	07/07/2015	UR Denial Date:	04/13/2015
Priority:	Standard	Application Received:	05/18/2015

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

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 45 year old female, who sustained an industrial injury on 6/30/2013. She reported acute onset of pain in the upper extremity during a lifting activity and secondary to repetitive type activities. Diagnoses include cervical discopathy, post lumbar laminectomy syndrome, and left shoulder impingement syndrome. Treatments to date that were documented included activity modification and medication therapy. Currently, she complained of low back pain with radiation to the lower extremity associated with numbness and left upper back pain with numbness. She also complained of pain in the shoulder, arm and wrist with numbness. On 4/1/15, the physical examination documented a positive foraminal compression test and Jackson compression test bilaterally with muscle pain in the cervical spine. The lumbar spine revealed tenderness in the muscles with positive iliac compression test and a positive Kemps test. There was decreased range of motion in the shoulder with a positive impingement sign. The appeal request was for a TENS unit for home use, electromyogram and nerve conduction studies (EMG/NCS), and a request for a Functional Capacity Evaluation (FCE) test.

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 American College of Occupational and Environmental Medicine, Chapter 7, page 138; Official Disability Guidelines, Functional Capacity Evaluations.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM guidelines, Chapter 7, p137-139 has the following regarding functional capacity evaluations.

Decision rationale: The patient was injured on 06/30/13 and presents with lower leg pain, low back pain shooting down the leg, upper left back pain with numbness, shoulder shooting pain with numbness, arm shooting pain with numbness, and wrist shooting pain with numbness. The request is for a FUNCTIONAL CAPACITY EVALUATION. There is no RFA provided and the patient is on modified work duty. "No lifting over 10 lbs, limited stooping and bending, limited use of the upper extremity. TTD if unavailable." MTUS does not discuss functional capacity evaluations. Regarding functional capacity evaluation, ACOEM guidelines page 137, "The examiner is responsible for determining whether the impairment results in functional limitations? The employer or claim administrator may request functional ability evaluations. These assessments also may be ordered by the treating or evaluating physician if the physician feels the information from such testing is crucial. There are no significant events to confirm that FCEs predict an individual's actual capacity to perform in a workplace." Regarding the cervical spine, the patient has a positive foraminal compression, a positive Jackson compression bilaterally, pain in all planes, and tenderness to palpation over the upper trapezius, rhomboids, levator scapulae, and suboccipital musculature. For the lumbar spine, there is a positive Kemps, positive Bechtrews, positive Elys, positive iliac compression bilaterally, and tenderness to palpation over the quadratus lumborum, erector spinae, latissimus dorsi, and SI joints. Regarding the shoulder, there is a positive impingement sign, positive apleys on the left, pain in all planes, and tenderness to palpation over the biceps, deltoid, and rhomboids on the left. For the hips, there is a positive hip compression, a positive SI joint compression on the right, pain in all planes, and tenderness to palpation over the TFL musculature and gluteus on the right. The patient is diagnosed with cervical discopathy, post lumbar laminectomy syndrome, and left shoulder impingement syndrome. The reason for the request is not provided. It is unknown if the request is from the employer or the treater. ACOEM supports FCE if asked by the administrator, employer, or if it is deemed crucial. Per ACOEM, there is lack of evidence that FCE's predict the patient's actual capacity to work. The requested functional capacity evaluation IS NOT medically necessary.

TENS unit for home use: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-116.

Decision rationale: The patient was injured on 06/30/13 and presents with lower leg pain, low back pain shooting down the leg, upper left back pain with numbness, shoulder shooting pain

with numbness, arm shooting pain with numbness, and wrist shooting pain with numbness. The request is for a TENS UNIT FOR HOME USE. There is no RFA provided and the patient is on modified work duty. "No lifting over 10 lbs, limited stooping and bending, limited use of the upper extremity. TTD if unavailable." The 04/01/15 report states "continue use of home tens unit." Per MTUS Guidelines page 116, TENS unit have not proven efficacy in treating chronic pain and is not recommend as a primary treatment modality, but a 1-month home-based trial may be considered for a specific diagnosis of neuropathy, CRPS, spasticity, a phantom limb pain, and multiple sclerosis. When a TENS unit is indicated, a 30-day home trial is recommended, and with the documentation of functional improvement, additional usage maybe indicated. Regarding the cervical spine, the patient has a positive foraminal compression, a positive Jackson compression bilaterally, pain in all planes, and tenderness to palpation over the upper trapezius, rhomboids, levator scapulae, and suboccipital musculature. For the lumbar spine, there is a positive Kemp's, positive Bechtrews, positive Ely's, positive iliac compression bilaterally, and tenderness to palpation over the quadratus lumborum, erector spinae, latissimus dorsi, and SI joints. Regarding the shoulder, there is a positive impingement sign, positive apleys on the left, pain in all planes, and tenderness to palpation over the biceps, deltoid, and rhomboids on the left. For the hips, there is a positive hip compression, a positive SI joint compression on the right, pain in all planes, and tenderness to palpation over the TFL musculature and gluteus on the right. The patient is diagnosed with cervical discopathy, post lumbar laminectomy syndrome, and left shoulder impingement syndrome. It appears that the patient has used the TENS unit at home prior to this request. The details, history and efficacy of the prior TENS unit are unclear. Usage of TENS requires documentation of any pain relief, duration of relief, and improved function. There is no indication of how long the patient used this unit for, no evidence of a one month trial as indicated by MTUS guidelines, and no clear documentation of any benefit with the TENS. Therefore, the requested TENS unit for home use IS NOT medically necessary.

Electromyography/Nerve Conduction Velocity of the lower extremities: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, EMG/NCV.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Low Back chapter under EMGs -electromyography-Low Back chapter under Nerve conduction studies -NCS-.

Decision rationale: The patient was injured on 06/30/13 and presents with lower leg pain, low back pain shooting down the leg, upper left back pain with numbness, shoulder shooting pain with numbness, arm shooting pain with numbness, and wrist shooting pain with numbness. The request is for an ELECTROMYOGRAPHY/ NERVE CONDUCTION VELOCITY OF THE LOWER EXTREMITIES. The utilization review determination rationale is that "EMG is not necessary if radiculopathy is already clinically obvious. The patient's history exhibits radiating pain to the lower extremity. It does not recommend an NCV for any low back condition." There is no RFA provided and the patient is on modified work duty. "No lifting over 10 lbs, limited stooping and bending, limited use of the upper extremity. TTD if unavailable." Review of the reports provided does not indicate if the patient has had a prior EMG/NCV of the lower extremities. ODG Low Back chapter under EMGs, electromyography, ODG states,

"Recommended as an option needle, not surface. EMGs may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious." ODG, Low Back chapter under Nerve conduction studies -NCS- states, "Not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy." ODG for Electrodiagnostic studies states, "NCS which are not recommended for low back conditions, and EMGs which are recommended as an option for low back." Regarding the cervical spine, the patient has a positive foraminal compression, a positive Jackson compression bilaterally, pain in all planes, and tenderness to palpation over the upper trapezius, rhomboids, levator scapulae, and suboccipital musculature. For the lumbar spine, there is a positive Kemps, positive Bechtrews, positive Elys, positive iliac compression bilaterally, and tenderness to palpation over the quadratus lumborum, erector spinae, latissimus dorsi, and SI joints. Regarding the shoulder, there is a positive impingement sign, positive apleys on the left, pain in all planes, and tenderness to palpation over the biceps, deltoid, and rhomboids on the left. For the hips, there is a positive hip compression, a positive SI joint compression on the right, pain in all planes, and tenderness to palpation over the TFL musculature and gluteus on the right. The patient is diagnosed with cervical discopathy, post lumbar laminectomy syndrome, and left shoulder impingement syndrome. There is no indication that prior EMG/NCV testing has been done and the reason for the request is not provided. Given the patient's continued complaints of pain with radicular components, further diagnostic testing may be useful to obtain unequivocal evidence of radiculopathy. The requested EMG/NCV IS medically necessary.

Functional Improvement testing ([REDACTED]

[REDACTED] every 30 days: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM guidelines, Chapter 7, p137-139 has the following regarding functional capacity evaluations.

Decision rationale: The patient was injured on 06/30/13 and presents with lower leg pain, low back pain shooting down the leg, upper left back pain with numbness, shoulder shooting pain with numbness, arm shooting pain with numbness, and wrist shooting pain with numbness. The request is for a FUNCTIONAL IMPROVEMENT TESTING ([REDACTED] EVERY 30 DAYS. The patient's history exhibits radiating pain to the lower extremity. It does not recommend an NCV for any low back condition. There is no RFA provided and the patient is on modified work duty. "No lifting over 10 lbs, limited stooping and bending, limited use of the upper extremity. TTD if unavailable." MTUS Guidelines do not discuss functional capacity evaluations. "ACOEM impairment results and functional limitations" the employer or claimant administrator may request functional ability evaluations "may be ordered by the treater or evaluating physician, if the physician feels the information from such testing is crucial." ACOEM further states, "There is little, scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace." Regarding the cervical spine, the patient has a positive foraminal compression, a positive Jackson compression bilaterally, pain in all planes, and tenderness to

palpation over the upper trapezius, rhomboids, levator scapulae, and suboccipital musculature. For the lumbar spine, there is a positive Kemps, positive Bechtrews, positive Elys, positive iliac compression bilaterally, and tenderness to palpation over the quadratus lumborum, erector spinae, latissimus dorsi, and SI joints. Regarding the shoulder, there is a positive impingement sign, positive apleys on the left, pain in all planes, and tenderness to palpation over the biceps, deltoid, and rhomboids on the left. For the hips, there is a positive hip compression, a positive SI joint compression on the right, pain in all planes, and tenderness to palpation over the TFL musculature and gluteus on the right. The patient is diagnosed with cervical discopathy, post lumbar laminectomy syndrome, and left shoulder impingement syndrome. The reason for the request is not provided. It is unknown if the request is from the employer or the treater. Per MTUS guidelines, the treating physician must monitor the patient and provide appropriate treatment recommendations. [REDACTED] is part and parcel of a physical examination. There is no need for any additional specialized testing. The requested functional improvement testing [REDACTED] IS NOT medically necessary.