

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review
P.O. Box 138009
Sacramento, CA 95813-8009
(855) 865-8873 Fax: (916) 605-4270



Notice of Independent Medical Review Determination

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

- 1) MAXIMUS Federal Services, Inc. has determined the requested electromyography and nerve conduction (EMG/NCS) – right lower extremity, low back **is medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 4/29/2013 disputing the Utilization Review Denial dated 4/20/2013. A Notice of Assignment and Request for Information was provided to the above parties on 5/30/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the requested electromyography and nerve conduction (EMG/NCS) – right lower extremity, low back **is medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 treatments and/or services at issue.

Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated April 20, 2013

“SUMMARY OF TREATMENT/CASE HISTORY: The patient is a 57 year old female, date of injury 1/7/13, complains of low back and right leg pain and has the diagnoses of lumbar radiculopathy, leg strain, and lumbar sprain/strain. It was also documented the patient was 7 years post injury. A lumbar MRI was performed on 4/15/13 (no results available). The lumbar spine films on 1122/13 revealed exaggeration of lumbar lordosis; otherwise, unremarkable. The physical examinations were significant for antalgic gait, tender L3-4 paraspinals, with spasm, limited lumbar range of motion, right- hip flexion 4/5 strength, decreased sensation of L3 dermatome, hyperreflexia of right knee and achilles reflexes, and positive right seated leg raise. Medications include Voltaren gel, Tylenol, Tylenol #3, Robaxin, Tramadol, Motrin, and Lidoderm. Physical therapy has occurred, at least 12 sessions as of 3/22/13, and was documented as beneficial. The treating physician reported he requested electrodiagnostic studies of the lower extremities because of a lumbar MRI had been denied previously. A review on 3/14/13 denied a lumbar MRI.”

Documents Reviewed for Determination:

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application for Independent Medical Review (received 4/29/13)
- Utilization Review Determination Letter from [REDACTED] (dated 4/20/13)
- Medical Records from [REDACTED] (dated 3/26/13 – 1/22/13)
- American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 12: Low Back Disorders, pg. 303-305

1) Regarding the request for electromyography and nerve conduction - right lower extremity, low back:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2011), Chapter 9: Low Back Disorders, pg. 333-796, Electromyography (EMG), pg. 390-391 which is not part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the MTUS did not specifically address the issue at dispute and the guidelines utilized by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee had a work-related low back injury on 1/7/13. Medical records provided and reviewed indicate treatment has consisted of topical and oral analgesics as well as physical therapy. The Utilization Review determination indicates a lumbar MRI was performed on 4/15/13, but the results were not included in the medical records provided for review. The medical record of 3/24/13 shows antalgic gait, tenderness of the right lumbar paraspinals, limited range of motion, and a diagnosis of lumbar radiculopathy.

MTUS does not address criteria for EMG/NCS. ACOEM, 2nd Edition, (2011), Chapter 9: Low Back Disorders, pg. 333-796, Electromyography (EMG), pg. 390-391, which was used to make the Utilization Review determination, does indicate electrodiagnostic studies are recommended where a CT or MRI is equivocal, and the lumbar MRI results were not available for review. However, these guidelines also recognize the potential value of electrodiagnostic testing in cases where 4-6 weeks of conservative therapy have not resulted in improvement. The medical records provided for review indicate the criteria for EMG/NCS have been met even in the absence of MRI results. The requested electromyography and nerve conduction – right lower extremity, low back, **is medically necessary and appropriate.**

Effect of the Decision:

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely;

Richard C. Weiss, MD, MPH, MMM, PMP
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

/dl

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.