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**Notice of Independent Medical Review Determination**

Dated: 8/29/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee: [REDACTED]  
Claim Number: [REDACTED]  
Date of UR Decision: 4/18/2013  
Date of Injury: 2/1/2013  
IMR Application Received: 5/9/2013  
MAXIMUS Case Number: CM13-0000331

- 1) MAXIMUS Federal Services, Inc. has determined the request for NCV/EMG for the lumbar spine **is medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 5/9/2013 disputing the Utilization Review Denial dated 4/18/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/16/2013. 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 request for NCV/EMG for the lumbar spine **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 18, 2013:

“This is a 50-year-old male who was injured on 2/1/13. The mechanism of injury was not available for review. His diagnoses were cervical injury, thoracic sprain/strain, and lumbar II sprain/strain. The patient presented to the office of [REDACTED], DC, complaining of neck and back pain. A course of chiropractic treatment was initiated with the patient receiving 10 treatments through 4/1/13, at which time, a reexamination was performed. The progress report indicated that he came in today without treatment/therapy for 5 days crying and very depressed do to increased pain over the Easter break which caused increased leg weakness and increased use of a cane. Objectively, there was noted positive straight leg raise test at 20 degrees on the right and 25 degrees on the left, Kemp's was positive bilaterally, L5 deep tendon reflexes were decreased, spasms to the low back at L4-L5, and decreased range of motion with flexion to 20 degrees and extension at 0 degrees. A request for electromyogram/nerve conduction velocity (EMG/NCV) testing of the bilateral lower extremities and 8 additional chiropractic treatments was submitted.”

### **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 5/9/13)
- Utilization Review Determination (dated 4/18/13)
- Utilization Review Appeals x2 (dated 4/24/13)

- American College of Occupational and Environmental Medicine (ACOEM), 2<sup>nd</sup> Edition, (2004), Chapter 12, Low Back Complaints, pg. 303 - 304
- Medical Records from [REDACTED] (dated 2/13/13 – 2/27/13)
- Medical Records from [REDACTED], DC (dated 3/15/13 - 4/2/13)
- MRI lumbar spine report from [REDACTED] (dated 6/4/13)
- Medical Records from [REDACTED] (dated 4/9/13 – 5/1/13)

**1) Regarding the request for NCV/EMG for the lumbar spine :**

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

The Claims Administrator based its decision on the American College of Occupational and Environmental Medicine (ACOEM), 2<sup>nd</sup> Edition, (2004), Chapter 12, Low Back Complaints, pg. 303 – 304, 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 guidelines used by the Claims Administrator applicable and relevant to the issue at dispute.

Rationale for the Decision:

On 2/1/13 the employee sustained a work related injury. Medical records submitted and reviewed indicate diagnoses include cervical injury, thoracic sprain/strain and lumbar II sprain/strain. Treatment included 10 chiropractic visits, X-rays, MRI, and analgesics. A medical report dated 2/12/13 noted weakness in the lower extremities. A progress report dated 4/19/13 indicated sensory loss on the right at L5-S1 and left L5. A request was submitted for NCV/EMG of the lumbar spine.

MTUS ACOEM guidelines indicate electrodiagnostic studies as helpful in identifying low back pathology for disc protrusion. An MRI of the lumbar spine dated 6/4/13 showed evidence of disc protrusion. The request for NCV/EMG of the lumbar spine **is medically necessary and appropriate.**

**Effect of the Decision:**

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  
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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.