

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 requested EMG/NCV-lower extremities **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the requested pyschological evaluation **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the requested chiropractic treatment three times a week for four weeks to the low back **is not 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 4/22/2013. A Notice of Assignment and Request for Information was provided to the above parties on 5/10/2013. 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 EMG/NCV-lower extremities **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the requested psychological evaluation **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the requested chiropractic treatment three times a week for four weeks to the low back **is not 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 Internal Medicine 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 22, 2013

"SUMMARY OF RECORDS:

On 02/27/2013, the claimant sustained injury to the upper extremity/low back and has issues stress, anxiety, and chronic diarrhea. He has trouble sleeping and back, right arm/biceps tendon tear. The AP is requesting for electromyelogram/nerve conduction velocity study of the left leg, psych evaluation, and chiropractic three times a week for four weeks for the low back. There was no documentation of significant positive objective orthopedic/neurologic or psyche/mental findings."

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 from [REDACTED] (dated 4/22/13)
- Peer Review Report from [REDACTED] (dated 4/19/13)
- Chiropractic Evaluation (dated 4/25/13)

- Medical Records from [REDACTED], M.D., Q.M.E. (dated 3/19/13 – 4/18/13)
- American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 12, Low Back Complaints, pg. 298-303
- American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 15, Stress-related Conditions, pg. 391

1) Regarding the request for EMG/NCV-lower extremities :

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), 2nd Edition, (2004), Chapter 12, Low Back Complaints, pg. 298-303. The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance. However, the Expert Reviewer more accurately described the employee's condition as myofascial low back pain, bilateral hip pain and right knee pain.

Rationale for the Decision:

The employee sustained cumulative trauma from January 5, 2009 through February 27, 2013 due to usual and customary duties for which medical treatment was sought through a private provider. Past medical history includes:

- Treatment with medications, physical therapy, chiropractic treatments and injections
- Spinal decompression with pain management on an exercise device
- CT scan of lower back
- Work-related stress with the development of incontinent diarrhea, weight fluctuation, sleep disturbance and nocturia.

An initial evaluation on March 19, 2013 reported the employee was experiencing work related stress, anxiety, sleep disturbance, excretory issues, and back pain. The employee was diagnosed with lumbar radiculopathy and anxiety reaction. An EMG/NCV study was requested to assess for radiculopathy versus entrapment neuropathy in the lower extremities.

Upon review of the medical records, the Expert Reviewer more accurately describes the employee's condition as myofascial low back pain, bilateral hip pain and right knee pain. ACOEM guidelines state, "Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks". There were no red flags or significant positive objective orthopedic/neurologic findings, progressive deficits, or historical or physical findings that are consistent with peripheral neuropathy. ACOEM guidelines define red flags as "evidence of severe neurologic compromise that correlates with the medical history and test results [that] may indicate a need for immediate

consultation". In the absence of these findings the request for EMG/NCV - lower extremities **is not medically necessary and appropriate.**

2) Regarding the request for psychological evaluation :

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), 2nd Edition, (2004), Chapter 15, Stress-related Conditions, pg. 391. The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee sustained cumulative trauma from January 5, 2009 through February 27, 2013 due to usual and customary duties for which medical treatment was sought through a private provider. Past medical history includes:

- Treatment with medications, physical therapy, chiropractic treatment and injections
- Spinal decompression with pain management on an exercise device
- CT scan of lower back
- Work-related stress with the development of incontinent diarrhea, weight fluctuation, sleep disturbance and nocturia.

An initial evaluation on March 19, 2013 reported the employee was experiencing work related stress, anxiety, sleep disturbance, excretory issues and back pain. The employee was diagnosed with lumbar radiculopathy and anxiety reaction. A psychological evaluation was requested for symptoms of anxiety.

ACOEM guidelines state, an assessment of stress-related complaints is important to assess a patient's physical and psychosocial circumstances. This is critical for "detecting potential emotional problems that require the attention of a psychiatrist or other mental health professional to assure safe and optimal treatment". This is a "critical tool for detecting potential emotional problems that require the attention of a psychiatrist or other mental health professional to assure safe and optimal treatment". Review of the medical records revealed a past medical history of anxiety and sleep disturbance, but there was no mention of medical assessment, treatment or management of these symptoms. There was no significant positive objective mental health, psychiatric findings, red flags, co-morbidities or extenuating clinical circumstances that would support the request for a mental health or psychiatric evaluation. The request for a psychological evaluation **is not medically necessary and appropriate.**

3) Regarding the request for chiropractic treatment three times a week for four weeks to the low back :

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), 2nd Edition, (2004), Chapter 12, Low Back Complaints, pg. 298-303. The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance. However, the Expert Reviewer more accurately described the employee's condition as myofascial low back pain, bilateral hip pain and right knee pain.

Rationale for the Decision:

The employee sustained cumulative trauma from January 5, 2009 through February 27, 2013 due to usual and customary duties for which medical treatment was sought through a private provider. Past medical history includes:

- Treatment with medications, physical therapy, chiropractic treatments and injections
- Spinal decompression with pain management on an exercise device
- CT scan of lower back
- Work-related stress with the development of incontinent diarrhea, weight fluctuation, sleep disturbance and nocturia.

An initial evaluation on March 19, 2013 reported the employee was experiencing work related stress, anxiety, sleep disturbance, excretory issues and back pain. The employee was diagnosed with lumbar radiculopathy and anxiety reaction. Chiropractic care three times a week for four weeks was requested for low back discomfort.

The employee has undergone physical therapy and chiropractic treatment in the past with beneficial results. ACOEM guidelines recommend, "manipulation of low back during the first month of symptoms without radiculopathy". The employee has a history of beneficial chiropractic treatment along with physical therapy but the requested 12 visits are not indicated because the frequency and duration are too long without allowance for interim follow-up for verification of the efficacy of treatment and compliance. ACOEM guidelines do not recommended a prolonged course of chiropractic manipulations longer than four weeks. The request for chiropractic treatment three times a week for four weeks to the low back **is not 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

/lkh

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.